

MEDICAL CONSENT TO TREAT 2016– 2017

(This annual form is for general office use and is not event specific. A similar version of this form will be required for any out of town or overnight school trips for each specific event)

To the best of my knowledge, my child, _____, is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital and seek emergency treatment. I wish to be contacted as soon as possible of any emergency care necessary.

General student information:

AGE: _____ HEIGHT: _____ WEIGHT: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

If you are unable to reach me, please contact:

Name	Relationship to student	Area Code & Phone
Insurance Carrier	Policy Number	Insurance ID Number

Please fill in the following as it pertains to your child:

My son/daughter is taking the following medications (list name of medication, dosage, frequency and any other important directions): _____

My son/daughter is up-to-date and current with their immunizations: ___ YES ___ NO

My son/daughter is allergic to the following: _____

My son/daughter has the following limitations or special needs: _____

Signature of Parent/Legal Guardian

Date