

Parental Consent for Medical Treatment

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of

Grade _____

Hereby authorize any necessary medical treatment during the time he/she may be participating in a school sponsored activity. I guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, x-ray, lab, medication, ambulance, etc.) In regard to such person, I submit the following information.

1. List allergies to food, medications, etc. (if none, state it so):

2. Special medical problems (if none, state it so):

3. Does participant carry or require any medications? (if none, state it so):

Medication _____ Purpose _____

Medication _____ Purpose _____

4. Date of last Tetanus Shot _____

5. Name of family physician _____

Office Address _____

Phone Number _____

Parent/Guardian Signature _____ Date _____

Type or Print Name of Person Signing _____

Relationship _____ Witnessed by _____

Home Phone _____ Work/Daytime Phone _____

Other Pertinent Information _____
