



**COMPLETE ONLY ONE OF THE FOLLOWING: I. Refusal to Consent or II. Consent for Treatment**

**I. CONSENT FOR TREATMENT**

I hereby **GIVE** consent for the following medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take the following action:

Preferred Physician: \_\_\_\_\_ Office Number: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Office Number: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Office Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ ER Number: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**MEDICAL HISTORY:** Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. REFUSAL TO CONSENT**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action (must be specific):

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_