

# CONSENT FOR EMERGENCY CARE

UNION ELEMENTARY SCHOOL DISTRICT

2011-12

School Year

Student \_\_\_\_\_ Grade \_\_\_\_\_

Be It KNOWN that, I the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS FURTHER understood that my child has the following medical condition and the school should be aware of in case of an emergency: \_\_\_\_\_

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student would pay any expenses incurred. Payment of the expense is not the school responsibility.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parent/Guardian Signature

\_\_\_\_\_

Family Physician: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Mandatory

Policy/Group # \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_