

PARENT/GUARDIAN CONSENT FORM FOR MEDICAL ASSISTANCE
(Plummer-Worley School District)

For _____ Date: _____
(NAME OF STUDENT)

INSURANCE INFORMATION:

Company _____ POLICY NUMBER _____

INSURANCE AGENT _____

EMERGENCY INFORMATION:

Parent/Guardian telephone number: Home: (_____) _____ - _____
Cell: (_____) _____ - _____
Work: (_____) _____ - _____

In case of emergency and the parent/guardian cannot be contacted, please contact:

Name _____ Phone: (_____) _____ - _____

Emergency Medical Authorization

In the event reasonable attempts to contact me are unsuccessful, I (We), the undersigned parent/legal guardians' of _____, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Preferred physician: _____ Phone (_____) _____ - _____
Preferred dentist: _____ Phone (_____) _____ - _____
Preferred hospital: _____

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the chaperone to provide emergency treatment to my/our child prior to his/her admission to any medical facility. I further authorize the chaperone to assist in the self-administration of anti-inflammatory nonprescription pain medication (i.e. aspirin, acetaminophen, ibuprophen, etc.) purchased by the student.

Please list additional medical information, allergies, eye contacts, medications etc.

Signature of Parent/Guardian _____ Date: _____