

STUDENT EMERGENCY MEDICAL CONSENT FORM

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned, being the parent / legal guardian of \_\_\_\_\_, a minor, do hereby consent to the securing of emergency medical treatment, including the necessary transportation to receive such treatment, for said student by the superintendent of schools of Unified School District No. 459, Ford County, or his designee. This is valid from the date below for the remainder of the 2010-2011 school year or until specifically revoked in writing. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Known allergies of this student:

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