Southwestern Union Conference
Consent to Treatment

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities. Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

Student's Name: ____

Age: _________ Date of Birth: _______________ Social Security Number: __________________

Address: ____

____

Father (Guardian): ____

Address: ____

Cell Phone: ______________________ Home Phone: ________________________

Mother (Guardian): ____

Address: ____

Cell Phone: ______________________ Home Phone: ________________________

Please describe allergies to substances and medication: ______________________________

____

____

If on regular medication, please specify: ____

____

Date of last tetanus shot: _________

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached

Family Physician: ____

Office Telephone: ____

Address: ____

Hospital Preference: ____

Telephone: ____

Please give the names of two persons who have consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

Name: ____

Cell Phone: ____________________ Home Phone: ____________________

Name: ____

Cell Phone: ____________________ Home Phone: ____________________

If emergency service involving medical action or treatment is required and neither parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: ______________________________ Date: ____________