



## MEDICAL & EMERGENCY

### CONSENT TO TREAT

**PARENTS/GUARDIANS:** Fill in the requested information on this form as completely as possible. PLEASE PRINT CLEARLY. We must have **ONE MEDICAL CONSENT FORM PER STUDENT!**

CHILD'S DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE #: \_\_\_\_\_

Preferred HOSPITAL: \_\_\_\_\_

We, the undersigned parents/guardians of the child listed below, a minor, do hereby consent to any x-ray examination, anesthetic, medial or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of \_\_\_\_\_ M. D., the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Mayfair Christian School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the said physician named above or to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the school insurance service, or its representative, any and all information with respect to any illness, medial history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical Conditions & Medications: \_\_\_\_\_

### PARENT & EMERGENCY CONTACT INFORMATION

1<sup>st</sup> Parent Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

2<sup>nd</sup> Parent Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

#### OTHER EMERGENCY CONTACTS (In the event either parent cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_