

EASTERN SIERRA UNIFIED SCHOOL DISTRICT

CONSENT FOR TREATMENT OF A MINOR

1. I, (we) the undersigned parent(s) of _____ a minor, do authorize and consent to any emergency transportation or by ambulance, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general care or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act, on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

2. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of the physician and surgeon to perform such diagnosis, treatment, or hospital care which he or she may deem advisable in case of a medical emergency.

3. It is further understood that in the event emergency procedures become necessary for my child, the expense incurred is the responsibility of the parent, and not that of the School District.

Dated: _____ Telephone: _____

Father or Legal Guardian Mailing Address

Physical Address

Mother or Legal Guardian Mailing Address

Physical Address

Family Physician: Name _____ Phone # _____

List any physical disabilities (i.e.: diabetes, epilepsy, severe allergy, etc.) _____

List any medication your student has had an allergic reaction to: _____

List any prescribed medication your student is currently taking: _____

Insurance Coverage(s) _____

Company	Policy #	Coverage
_____	_____	_____
_____	_____	_____

NOTE: This "Consent Form" is to protect all concerned. Consequently, every effort must be expended to collect the forms and file them in the permanent record folder of your child within the first week of school. Complete one copy for each pupil on entering school.

REMEMBER ACCIDENTS CAN HAPPEN ON THE FIRST DAY OF SCHOOL

NOTE: Phone number of parent (and/or persons who can contact parent most quickly) in case of emergency.

Name _____ Phone # _____

Name _____ Phone # _____

Signature of Parent or Guardian Date _____ rev 09/04