

STUDENTS NOTE:
THIS PART OF THE FORM MUST BE SIGNED BY A PARENT/GUARDIAN

EMERGENCY MEDICAL TREATMENT FORM

We, the parents of _____ give permission for emergency medical treatment for our child for illness or accident if we cannot first be contacted.

Parent or guardian signature: _____ Date: _____

Doctor's name: _____ Doctor's Phone: _____

Hospital of Choice: _____

Allergies, medical problems, medication your child is taking and any information the school nurse should give to emergency personnel.
