Grade _____

School District_____

Heartland Christian School
Parental Consent for Medical Treatment

We/I, _____, the parents or legal guardians of _____, do hereby, authorize the authorities of Heartland Christian School to permit its designated representative, in my/ our absence to give consent to a physician and/or hospital for emergency medical and/or surgical treatment, when necessary, to our child for any and all sustained injuries or sicknesses requiring emergency treatment during school hours; or after school hours while partaking in school-sponsored activities, such as field trips, social, and athletic events, provided such events have an authorized representative of the school present.

I give consent to transport my child by ambulance if the situation warrants it.

I waive, release, absolve, and hold blameless Heartland Christian School, its administration, teachers, supervisors, physical education directors, managers, person transporting my child to and from school activities, and participants, from any claim arising out of the injury or sickness to my child.

I understand that the school or its representatives does not assume any financial responsibility for any expenses that might be incurred for said emergency treatment.

I further authorize the personnel at Heartland Christian School to administer first aid to my child in the event of an accident, injury, or sickness.

The notarized signatures below indicate consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States.

I further understand that a school representative will notify me/us as soon as possible following the emergency, but in no way is treatment to be delayed until I/we have been notified.

Child's Full Name_____
First Middle (Full) Last

Child's Address_____
City State Zip

Home Phone (____)_____ Birth Date_____/_____/_____ Current Grade_____
Month Day Year

E-Mail Address_____
Father's Mother's

Father's Full Name_____

Father's Place of Employment_____

Father's Work Phone(____)_____ Cell(____)_____

Mother's Full Name_____

Mother's Place of Employment_____

Mother's Work Phone(____)_____ Cell(____)_____

Family's Home Church_____

Church Address_____
City State Zip

Pastor's Name_____

Please complete the other side also.

In case of an emergency and I cannot be reached, please contact the following people.

1. _____ Phone(____)_____ Cell(____)_____

2. _____ Phone(____)_____ Cell(____)_____

3. _____ Phone(____)_____ Cell(____)_____

Child's Physician_____

Physician's Address_____

Physician's Phone(_____)_____

Health Insurance Company_____

Policy Number_____

Name of the person who is the Primary Insured_____

In case of an in town emergency, what is your hospital preference?_____

List any of your child's known allergies_____

_____

List any of your child's known medication allergies_____

_____

List any medications your child takes routinely or on a consistent basis_____

_____

List any physical or medical conditions the school or an emergency physician should be aware of_____
_____

Dated this _____ day of _____, 20_____.

Parent/Guardian Signature(s)_____
(Must be signed in the presence of a Notary)

_____

Notary Public_____

Seal

State of _____ County of_____

My commission expires_____