

I, (parent/guardian) the undersigned parent/guardian, or legal guardian of _____
STUDENT'S NAME
a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, I (parent/guardian) want to assure you that we will reimburse any expenditure not covered by the accident and sickness insurance policy.

Permission is granted for trained school personnel to dispense Tylenol®, Ibuprofen, Benadryl® or an antacid when needed to my child. Written permission from a health care provider is required for administration of other medications. Inhalers are an exception.

SIGNATURE OF PARENT/GUARDIAN

DATE

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

_____ <small>NAME</small>	_____ <small>RELATIONSHIP TO STUDENT</small>	(_____) <small>TELEPHONE</small>	_____ - _____
_____ <small>NAME</small>	_____ <small>RELATIONSHIP TO STUDENT</small>	(_____) <small>TELEPHONE</small>	_____ - _____