



## Consent for Medical/ Emergency Treatment

I/we, the undersigned parent(s)/guardian of \_\_\_\_\_  
(student name printed), a minor, do hereby authorize treatment of my/our child by a licensed  
medical physician in case of any accident or illness that may so arise, or any hospitalization  
necessary.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Matters: Of the following statements pertaining to medical matters, sign only those in  
accordance with your wishes:

My child is taking medication at present. I will bring all such medications necessary, and such  
medications will comply with specific requirements on a separate form : "SJHS Medication /  
Indemnification Form" that has been completed. My child will administer his/her own  
medication in the office.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

No medication of any type may be administered to my child unless the situation is life-  
threatening and emergency treatment is required.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

This consent form will remain in effect until through the last day of school June 2020 for the  
care and treatment necessary to preserve the health of our/my child. We/I acknowledge that  
we are/ I am responsible for all reasonable charges in connection with care and treatment  
rendered during this period.



Please be specific:

List current medicines your child is taking:

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Any known allergies? \_\_\_No \_\_\_Yes (If yes, explain and identify treatment)

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Any physical limitations? \_\_\_No \_\_\_Yes (If yes, explain)

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