

**AUSTIN ROAD ELEMENTARY
EMERGENCY MEDICAL CARE CONSENT**

Student's Name: _____

Grade: _____ Teacher: _____

In the event of an accident, sudden illness, or other cause, which in the judgment of the school nurse or other person in charge, requires advice or treatment beyond general aid, I give permission to the hospital to treat my child. I understand that every effort will be made to contact me if the above circumstances should occur.

I recognize that when the school calls for assistance in this way, it is acting on my behalf, and that any medical care that my youngster receives is the financial obligation of myself and not the school.

Child's Physician

Phone #

IF I WISH TO CHANGE THE DOCTOR INDICATED ABOVE, IT IS MY RESPONSIBILITY TO PHONE THE SCHOOL NURSE TO NOTIFY HER OF THE CHANGE.

Parent/Guardian Signature

(Date)