

Student Medical Consent Form

Student

Last Name First Middle Initial Grade

Medical Information

Allergies _____

Medication(s) currently taking _____

_____ Date of last tetanis shot _____

Emergency Information

Please list any medical problems or any special instructions to be used in an emergency.

Physician's Name _____

Office Address _____

City _____ State _____

Zip Code _____ Telephone _____

Insurance Information

Insurance Co. name _____

ID # _____ Group # _____

ICE - In Case of Emergency - Notify the following

Father _____ Phone _____

Mother _____ Phone _____

Guardian _____ Phone _____

Consent

Medical: I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that my be rendered to said minor under the general or special instruction of the above-named physician or any physician the school may call.

First Aid: I do hereby consent to reasonable and prudent first aid to be administered by school personnel to the said minor as circumstances merit.

Signature _____ Date _____