

# OZARK ADVENTIST SCHOOL

## ACKNOWLEDGMENT AND CONSENT TO TREATMENT FORM

FULL STUDENT NAME: \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

### PARENT CONTRACT:

I hereby agree to support school regulations stated in the Handbook and to help my child observe them. I agree to supply all necessary forms, documents and to **accept all financial educational obligations** for my child while attending Ozark Adventist School.

I give the following people permission to pick up my child/children either during school hours for appointments or after school is dismissed.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

Please describe allergies to substances and medication: \_\_\_\_\_

If on regular medication, please specify: \_\_\_\_\_

In the event that your child has to take prescribed medication or frequent doses of over-the-counter drugs, please bring the medication in the original container, plainly marked with dispensing directions and your child's name to the office. Please check permissions below to dispense over-the-counter drugs.

**Tylenol: Yes  No**     **Ibuprofen: Yes  No**     **Tums: Yes  No**

Physician's Name: \_\_\_\_\_ Office Telephone # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone #: \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_