

**CONSENT TO TREATMENT  
AND  
AUTHORIZED STUDENT RELEASE FORM  
EL DORADO ADVENTIST SCHOOL**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Name Business Phone Home Phone

Mother/Guardian \_\_\_\_\_  
Name Business Phone Home Phone

Cell Phone/Pager #'s \_\_\_\_\_  
Mother Father

Email: \_\_\_\_\_  
Mother Father Student

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**ALLERGIES** (medication/environmental/foods) \_\_\_\_\_

Daily Medications (strength & dosage) \_\_\_\_\_

Special Medical Concerns/Diagnosis (i.e., diabetic) \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Subscriber ID # \_\_\_\_\_ Group # \_\_\_\_\_

1. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

2. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

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Please give names of relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness, accident, or in the event of a major disaster..... (if more room is needed – please use the back of this form)

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

If emergency service involving medical action/treatment is required and neither parent nor 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 physician rendering the service. This authorization is given pursuant to the local state Civil Code.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If there are Child Custody/Restraint issues regarding your student, please submit a copy of the court order.**