

SANDPOINT JUNIOR ACADEMY

**CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION
&
FIELD TRIP PERMISSION**

We, the undersigned parent, agency representative or legal guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor _____, M.D., or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Sandpoint Jr. Academy or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect as long as the student is enrolled at Sandpoint Jr. Academy or until consent is revoked in writing and delivered to the physician named above and to the school entrusted with the custody of said minor. Sandpoint Jr. Academy plans to use this consent only in the case of an emergency or injury sustained while the student is in the care of the school, i.e., during school hours, while the student is being supervised by the school on school premises, or at other school-related functions when a parent cannot be reached for verbal consent.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Sandpoint Jr. Academy's insurance service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Known allergies: _____

DATE

PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

HOME PHONE

HOME ADDRESS

WORK PHONE

FIELD TRIP PERMIT

I hereby give my permission for my child _____ to accompany his/her class on school-sponsored trips for instructional purposes during the 2015-2016 school year. I understand that he/she will be accompanied by a teacher and other adults as is necessary for his/her safety.

Signed _____
(PARENT OR GUARDIAN)