

MEDICAL CONSENT FORM

This medical consent form is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is 18 years of age - to seek medical treatment for your children when you are away from them. It is especially important to prepare this form for those occasions when you know it will be hard to contact you. After completing this document, give it to the responsible adult(s) you have named to act on your behalf. It should be presented to the appropriate physician, dentist, or hospital representative when seeking medical care.

MEDICAL INFORMATION

Name of Child _____ Date of Birth _____

Allergies _____

Important Medical History _____

Child's Physician(s):

Name _____ Phone _____

Name _____ Phone _____

_____ being the parent(s) or legal guardian(s)

do hereby appoint **River School 4439 River Road Sodus MI 49126 (269) 925-6757**
to act in my/our behalf in authorizing unexpected medical, dental, surgical care and
hospitalization for the minor named during period of my/our absence from:
09/04/018 to 06/14/019

Signature(s): _____
Parent/Guardian Date

Parent/Guardian Date

Witness Date

- This form is voluntary. While it would be a rare situation requiring the school to seek medical attention for your child, this consent form would give permission do so in an emergency when you could not be reached.*