# CONSENT FOR MEDICAL TREATMENT
**(Please Print)**

**IMPORTANT:** **As a safety precaution, a copy of this form should be filled out for <u>every student in attendance</u>.**

**Date:** _____

I/ We _____ and _____ am/ are the

parent(s) / legal guardian(s), with legal custody of _____
(child's name)

who is ___ years old, whose birthday is ____-____-____ and who will be entering ___grade.

at Midwestern Christian Academy, give our permission for a licensed doctor, physician, or emergency treatment center to administer the necessary attention and aid **IMMEDIATELY** to our child should he/she become injured or sick and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care deemed necessary.

**We understand that every effort will be made to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the school personnel responsible if efforts to contact me(us) are unsuccessful.**

During school hours, we can be reached at:

**Home Address:** _____ Home Phone: (____) _____

_____ Father's cell #:(____) _____

_____ Father Wk #: (____) _____

Mother's Cell#:(____)_____

Mother's Wk#:(____)_____

Father / Guardian Signature _____ Date: _____

Mother / Guardian Signature _____ Date: _____

**(OVER FOR MEDICAL INFORMATION)**

Trusted persons to contact if parent(s) cannot be reached:

1) _____ _____ Phone: (___)_____
name relationship

2) _____ _____ Phone: (___)_____
name relationship

CHILD'S DOCTOR _____ Phone: (___) _____

**Allergies to medicines, or other <u>known allergies</u> (specific foods, plants, animal hair, etc.)**

_____

_____

_____

**Child is presently taking the following medication(s) – *include <u>dosage and frequency</u>* medication:**

_____

_____

_____

**for the following conditions(s): _____**

_____

_____

**ADDITIONAL MEDICAL INFORMATION:**

_____

_____

_____

_____