

[PLEASE PRINT]

Emergency Medical Consent Form

(This form to be filled out by parent/guardian for permission in case of an emergency)

Name of Student: _____

Parent/Guardian: _____

Home Address: _____

Phone Number: Home: _____ Work: _____

Emergency Number if not at home or work: _____

****Insurance Company:** _____ **Policy #:** _____ ******

Family Doctor: _____ Phone: _____

Doctor's Address: _____

Family Dentist: _____ Phone: _____

Dentist's Address: _____

- List any significant health problems this student has of which teachers should be aware:

- Does this student have any known allergies to any food/drugs/elements?: _____

- Please list all medications that this student is taking now and or will take along on a trip:

I, _____, parent/guardian of _____, in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above name child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Cheraw School District #31, any of its agents or employees, arising out of such medical treatment.

_____ We waive the option to purchase accident insurance through Cheraw School District #31 or any other provider. By waiving this option to purchase, we as a parent/guardian of said student will be responsible for all medical expenses incurred by above mentioned student.**

Parent/Guardian Signature

**** (If insurance information is not provided you must waive the option to purchase insurance) ****

Date

Signature of Parent/Guardian