

Medical Treatment Parent/Guardian Consent Form

Student Information

Full Name

Date of Birth

Grade

Address

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Phone Number

Alternate Phone Number

Medical Information

Doctor's Name

Doctor's Phone

Allergies

Current Medications

Medical Conditions

Consent

I, the undersigned, hereby give permission and consent for the student named above to receive medical treatment by qualified medical personnel in case of illness or emergency during school activities or off-site events.

Parent/Guardian Name (Printed)

Signature

Date