

# Parental Consent for Student Medical Treatment

## Student Information

Student Name

Date of Birth

School Name

Grade/Year

## Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Phone Number

Email Address

Address

## Medical Information

Allergies

Current Medications

Relevant Medical Conditions

Family Doctor Name

Family Doctor Phone

## Consent Statement

I, the undersigned, authorize school staff to secure medical attention for my child if necessary and consent to emergency medical treatment as deemed necessary by a licensed medical professional.

Parent/Guardian Signature

Date