

**CONSENT FOR
MEDICAL/SURGICAL EMERGENCY TREATMENT
AND MEDICAL INFORMATION FORM**

In presenting my (our) child for diagnosis and treatment:

Name: _____

Date of Birth: _____

I/We as parents/guardians:

(Parent Name): _____

Hereby voluntarily consent to the rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized prehospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and certify that I understand its contents.

In addition I/we give my/our consent to:
MIDTOWN PRIMARY SCHOOL

Who will be caring for my/our Son/Daughter for the period of:

ENROLLMENT AT MIDTOWN PRIMARY

to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my/our child.

I/ we acknowledge that I am (we are) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Signature: _____

Date: _____

Hospital Preference: _____

Parent Information

Name: _____

Address: _____

Telephone: _____

Emergency Contact

Phone: _____

Emergency Contact

Phone: _____

Insurance Information

Insurance Provider: _____

Policy #: _____

Physician Information

Pediatrician: _____

Telephone: _____

Family Physician: _____

Telephone: _____

Dentist: _____

Telephone: _____

Medical Problems

Allergies: _____
