



CONSENT FOR MEDICAL TREATMENT

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps:

1. Contact a parent or legal guardian of the student and follow his/her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done either by school-provided transportation, or, if school officials deem wise, by ambulance.

If in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the administrator, or his designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the administrator, or his designated representative, and the Otsego Christian School from any liability which might arise as the result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child as the result of the above authorization and agree to indemnify and hold harmless the Otsego Christian School, the administrator, or her representative from any expenses incurred for said treatment or services.

Child's Name _____

Parent(s) Signature _____

Date

Health Insurance Carrier _____

Policy Number _____

Child's Physician _____

Physician's Address _____

Physician's Phone Number _____ Hours available _____

Hospital Preference _____