

Morgan County Schools Health Services

Permission to Treat—Students

PURPOSE: To enable parents to authorize emergency treatment for their children who become ill or injured, when the parent or guardian cannot be reached.

Child's Name: _____ Birth date: _____

In the event reasonable attempts to contact me at _____ or _____
(home phone) (cell phone)

or _____ have been unsuccessful, please contact:
(work phone)

Emergency Contacts:

Name	Phone Number	Relationship to child
_____	_____	_____
_____	_____	_____

If those attempts have been unsuccessful, I hereby give my consent my consent for the administration of any treatment deemed necessary by

Dr. _____ or Dr. - _____
(preferred physician) (preferred dentist)

Or in the event the designated preferred practioner is not available, by another licensed physician or dentist.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained BEFORE the surgery IS PERFORMED. Facts concerning the personal medical history including allergies, medication being taken and any physical impairment to which a physician should be alerted include:

In the event physicians, other persons named cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____

Address _____ Phone: _____

City, State: _____ Zip code: _____

This form must be signed and notarized. This form is valid until either the child turn 18 years of age (Age of Accountability) or until the parent notifies the school in writing that the form is no longer valid.

State of Tennessee County of _____ Sworn before me this _____ day of _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

Morgan County Schools Health Services

*** Please attach a copy of your insurance card.