



# Custer County School District, C-1

## IMPORTANT : Emergency Medical Authorization/Consent

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Grade ( 2023/2024)

Student Name

Date of Physical

Parent/Guardian

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents or guardians cannot be reached.

Physical Home Address:

\_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency number: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

List below facts concerning the child's medical history including: allergies, medications being taken, and physical impairment to which a physician should be alerted.

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for the administration of any treatment deemed necessary for the welfare of the above named child, by a physician, qualified nurse, dentist and/or hospital in the event of injury or illness during all periods of time in which the student is away from his/her legal residences as a member of any interscholastic activity team or group and hereby waive on behalf of myself and the above named child any liability of the Custer County School District any of its agents or employees, arising out of such medical treatment.

DATE

Signature of Parent or Guardian