

STUDENT CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal Guardian

Date: January 18, 2019 This consent form will remain effective from 1:45AM when child is dropped off until approx 11:00PM when he/she is picked up following the MARCH FOR LIFE by a parent/guardian or other person designated by them.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, check and sign only those in accordance with your wishes ...

1)___Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature

Date

2)___I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature

Date

3)___No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature

Date

Any known allergies?

Any physical limitations?

Any medically prescribed dietary needs?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?

___YES ___NO If yes explain: _____