MEDICAL TREATMENT RELEASE

MANDATORY FORM TO BE SIGNED AND RETURNED

I hereby give my permission and consent for my student _____
(student name)
to: 1) receive emergency and/or non-emergency medical treatment; and 2) to release my student's protected health information to an Emergency Medical Services ("EMS") worker.

Name of Student's Physician: _____ Telephone #_____

Address:_____

Hospital Preference
(if necessary): _____

Health Problems
(if any) (please specify):_____

_____

Medications (name, time, dosage) _____

_____

Allergies
(if any) (please specify)_____

_____

Additional
Comments:_____

_____

Date: _____

_____
Name of parent/legal guardian

_____
Relationship (parent/legal guardian)

_____
Signature of parent/legal guardian

Revised: April 2026