

MEDICAL TREATMENT CONSENT FORM ~ Gr. 5-8

I hereby give permission of any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc., under the direction of the teacher or chaperone parent until such time as I may be contacted. This release is effective for the time during which my child is participating in any sport program at St. Martin Lutheran School and Track & Field Day at Bonduel during _____ school year.

In the event that my child is injured while traveling in a carpool to or from an away contest, I hereby give permission for the driver or another adult in the vehicle to administer any and all medical attention necessary for my child until I may be contacted. I hereby assume the responsibility for payment and any such treatment.

Parents' Names _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Health Insurance Company: _____

ID/Group/Policy Number _____

Family Physician _____

Physician Address _____

Physician Phone: _____

Dentist Name & Address: _____

Dentist Phone: _____

My child's known allergies and reactions:

Current Medication: _____

In case I cannot be reached, either of the following people is designated:

Name & Phone Number: _____

Name & Phone Number: _____

Signature of Parent or Guardian **Date**