

## Emergency Consent Form

Occasionally an emergency arises when it is necessary for a School representative to contact parents when their children are at school. Every effort will be made to notify the parents or someone designated by them if a child should become very ill or be involved in an accident. If this cannot be done, the policy of St. Philip Lutheran School is to transport the child to the nearest emergency hospital. This action will be taken in all such cases unless instructions to the contrary are provided by the parents.

(We), the undersigned, parents/guardian of a minor(s), do hereby authorize St. Philip Lutheran School as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is to be rendered under the general or special supervision of any physician or surgeon on the medical staff of a hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such a hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our above-named agent to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her judgment may deem advisable.

Student Name: \_\_\_\_\_

Please check box to provide consent for medical emergencies

Parent Signature: \_\_\_\_\_

Name of Neighbor/Friend: \_\_\_\_\_

Phone number of Neighbor/Friend: \_\_\_\_\_

Name of Relative: \_\_\_\_\_

Doctor/Medical Group Name: \_\_\_\_\_

Phone Number of Doctor/Medical Group: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number of Insurance Plan: \_\_\_\_\_