

You **must** choose and check one of the boxes for Insurance, Medical Conditions, Allergies, Food Intolerance, Medications and Hospital Preference below.

Miramonte Christian School Consent to Treatment

Student's Name _____ Age _____ Date of Birth ____/____/____
Last Name First Name Mo. Day Year

Address _____ City _____ Zip _____

Parent/Guardian Information: (Please circle phone number of parent we should call first.)

Father/Guardian Name _____ Cell Phone Number (____) _____ Alternate Phone Number (____) _____

Mother/Guardian Name _____ Cell Phone Number (____) _____ Alternate Phone Number (____) _____

Insurance: None Yes Name of Company: _____ Group # _____ Plan # _____

Child's Physician _____ Office Telephone (____) _____

Medical Conditions: None Yes List: _____

Allergies: None Yes List: 1. _____
 2. _____

PLEASE NOTE: If "Yes", above, then you must complete and submit a FARE Plan form for your child)

Food Intolerance, Check all that apply: None Milk/lactose Egg Nut Other: _____

Medications: None Yes List: 1. _____

Name of medication Time of day given

2. _____

Name of medication Time of day given

Date of Last tetanus immunization (dpt/Dtap/Tdap) _____

Local Hospital preference (Check one): Kaiser Other : _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident if you can not be reached. In case of any changes in the names of persons, notify the school in writing.

1. Name _____ Relationship _____ (____) _____
Cell phone number

2. Name _____ Relationship _____ (____) _____
Cell phone number

If emergency service involving medical action or treatment is required and the parent cannot be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date _____