Stratford Elementary School Parental Consent for First Aid and Emergency Medical Treatment School Year 2017-2018

STUDENT'S NAME	AGEGRADE
PARENTS NAME	
ADDRESS	
TELEPHONE (Home)	(Work)
(Emergency Contact)	(Phone)
above named child if he/she becomes ill or a school-sponsored activity. I further give memorial real treatment from physicial emergency treatment is necessary. The abording the administrators and support person first aid and/or obtaining emergency medical further understand that by giving my cor Public School District will not be held liable for	he Stratford Public School District, to administer first aid to my injured during the school day or while attending or participating in y consent to the Stratford Public School district to obtain ans, nurses, hospitals and other medical facilities, in the event such ove consent includes, but is not limited to, authorizing teachers, nel, to undertake all reasonable steps necessary in the provision of all treatment. Insent for first aid/emergency medical treatment that the Stratford or injuries, reactions or adverse effects sustained as a result of the aid or obtaining emergency medical treatment.
Parent Signature	Date
Please provide any other medica better serve your child.	I history you feel would be beneficial in our efforts to
, -	ze the Stratford Public School District, to administer rugs to my child upon my delivery to school with instructions
Parent/Guardian's Signature	 Date
Indiv	idual Health Information
□ Medicaid Number	Issue Date
□Health Insurance Carrier	
Policy Number	Phone Number
□No insurance coverage at this time	