



Since 1983

SWAN SCHOOL

Creative Independent Education

2010-2011 MEDICAL CONSENT

I (we), _____ (parent(s) or legal guardian), hereby grant permission to the Swan School staff to give emergency treatment to include First Aid and CPR by a qualified staff member to seek medical attention for my (our) child, (use full legal name) _____ in the event such a treatment is deemed necessary and I (we) am (are) unable to be contacted. I (we) understand that every effort will be made to contact me (us) before treatment is administered to my (our) child.

I (we) further consent to medical and hospital care treatment and procedures to be performed for my (our) child by my (our) child's regular physician, or when the physician cannot be reached, by a licensed physician and /or hospital when deemed immediately necessary or advisable by a physician to safeguard my (our) child's health. I (we) waive the right of consent to such treatment.

I (we) also give permission for my child to be transported by ambulance or aid car to an emergency medical care center for treatment.

2010-2011 EMERGENCY INFORMATION

Name of Child's Physician: _____

Address: _____

Phone: _____

Medical Insurance _____ Employer: _____

Group #: _____ Membership #: _____

Date of Last physical exam: _____

Drug Allergies: _____

Food Allergies: _____

Medication taken regularly: _____

Chronic diseases/other health concerns: _____

Swan School has permission to give my child the following:

___ Acetaminophen ___ Ibuprofen ___ Decongestant ___ Antihistamine

___ Throat Lozenges ___ Other _____

Signature of Parent/Guardian: _____ Date _____