

2010-2011 OFF CAMPUS ACTIVITY MEDICAL CONSENT FORM

NOTE: Students MUST have proof of insurance/Medicaid on file in order to participate in field trips, retreats, and other off-campus activities. If you do not have insurance or Medicaid, low-cost student accident insurance is available and included in the orientation packet.

STUDENT NAME: _____
(Printed Name)

GRADE: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations and immunizations for the above named student. In the event of serious illness or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Every precaution will be taken to prevent accident or injury, however in the event of accident or illness, I will assume financial responsibility for treatment of the above named student.

Signature of Parent or Guardian

Date Signed

In Case of an Emergency Please Notify:

Name: _____ Relation to Student: _____

Work #: _____ Home #: _____ Cell #: _____

Physician Name: _____

Insurance Carrier: _____
(Name)

(Address)

Policy Number: _____