

CONSENT FOR EMERGENCY MEDICAL TREATMENT

This is to certify that for the period _____ to _____

I hereby constitute and appoint New Horizons School, my true and lawful attorney, for the purpose of authorizing emergency medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency or family physician on my child.

Child's Name _____ Birthdate _____

Allergies (list allergens)

Other special health problems

Date of last tetanus shot _____ Expiration date _____

Name of family physician _____ Telephone number _____

Physician's address

Signature _____ Date _____

Print name _____

Relationship to child (check one) Mother Father Legal Guardian