

MORRISONVILLE CUSD#1
EMERGENCY TREATMENT CONSENT FORM

The welfare of your child is the first consideration of the school authorities. In case of a serious medical emergency or illness an ambulance will be called. The parent or guardian will be informed and the authorized physician will be notified. The school nurse will follow up on treatment received on a case by case basis. In case of a less serious emergency, the school will contact the parent or guardian at home or work.

I hereby give permission to the proper authorities at Morrisonville Community Unit School District #1 to seek the appropriate medical assistance for my child in the event of any injury. I likewise understand that Morrisonville Community Unit School District #1 is not liable for the payment of the medical costs in the event of injury sustained.

Parent/Guardian Signature

Date

**PARENTAL CONSENT FORM FOR
EMERGENCY TREATMENT**

I, _____ parent [or legal guardian] of _____, have enrolled my child in _____ School and hereby authorize Dr. _____, my child's physician or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician is not practical under the circumstances, I hereby authorize at Morrisonville Community Unit School District #1, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety, and welfare of my child.

I further waive any claims against Morrisonville Community Unit School District #1, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Morrisonville Community Unit School District #1, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Parent/Guardian Signature _____

Date _____

Doctor's Name: _____ Doctor's Phone Number _____

Office Address/City _____

Dentist's name: _____ Dentist's Phone Number _____

Office Address/City _____

Health Insurance Carrier: _____ Policy Number _____

ADDITIONAL MEDICAL INFORMATION (Attach an additional sheet if more space is needed.)