

[[Requirement Name]]

[[Student First Name]] [[Student Last Name]]

Date of Birth: [[Student DOB]] - [[Tracker Name]]

Dear Parent/Guardian:

The law requires that parental permission be obtained for all procedures on minors. The parent or guardian should sign this consent form so that the School health office can arrange appropriate medical or dental treatment, as necessary.

In the event of need for emergency medical care, possible surgery, and/ or hospitalization, every effort will be made to notify the parent/ guardian or person otherwise designated before any action is taken. It is understood that should medical authorities find it necessary to implement emergency medical protocol, then such measures will proceed without delay without their consent.

While school health records include identifiable health information regarding our students and are generated usually by health professionals, there is significant medical information that should be shared with school personnel. This information will only be shared when it is thought to be beneficial to the health and safety of your child or it will enhance the learning process. School personnel will keep this information confidential.

The School is not responsible for expenditures incurred by students as a result of referrals to other health care providers. These expenses are the responsibility of the parents and/or guardian, by direct payment or through their health care insurance providers. The School provides an accident policy, which is designed only to supplement the primary coverage required of the parents.

I hereby give permission for hospitalization if necessary, a second medical opinion if such is advisable, and for such diagnostic, therapeutic, and operative procedures as may be necessary for my child.

It is further understood that this permission form will remain in full force for the entire school year and that any photocopy shall have the same force as the original.

Your Signature Here

Electronic Signature

Your Signature Here

Name

April 8, 2016

Date

* Electronic signature verified by Magnus Health 2016-04-08 10:02:02(<http://magnushealth.com/electronic-signatures>).