



LA SIERRA ACADEMY JUNIOR HIGH
Courage, Excellence, Faith, Honor, Justice and Truth

CONSENT TO TREATMENT
2009-2010

PLEASE PRINT LEGIBLY OR TYPE

Student Name: _____ **Date of Birth:** ___/___/___ **Grade:** _____

Address: _____ **Home Phone:** _____

FATHER/GUARDIAN

(Please print)

Parent Name: _____ **Place of Employment:** _____

Work Phone: _____ **Occupation:** _____

Cell Phone: _____ **Social Security #:** _____

MOTHER/GUARDIAN

Parent Name: _____ **Place of Employment:** _____

Work Phone: _____ **Occupation:** _____

Cell Phone: _____ **Social Security #:** _____

EMERGENCY INFORMATION

Please describe allergies to substance and medication. (If none, please write, "NONE")

Date of Last Tetanus shot: ___/___/___ **Medications, please specify** _____

Please give the name and phone number of your local family physician(s) in case your student becomes ill or has an accident at school and you cannot be reached.

1. Family Physician: _____ **Office Telephone:** _____

Address: _____ **Hospital Preference:** _____

2. Family Physician: _____ **Office Telephone:** _____

Address: _____ **Hospital Preference:** _____

AUTHORIZED STUDENT RELEASE INFORMATION

After school, and/or in the event your student needs to be sent home (accident, illness, disaster), please list authorized individuals over 18 to whom your student may be released. I.D. may be required. Any adjustments to authorized names must be submitted in writing. Additional names may be written on the reverse side of this form.

(Please print)

1. Name: _____ **Home Telephone:** _____

2. Name: _____ **Home Telephone:** _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student, as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

_____/_____/_____

DATE

SIGNATURE OF PARENT/GUARDIAN