
Student Name

Emergency Medical/Transport Consent Form

In the event of a **medical emergency**, I _____ give permission to
(Parent Name)
the Principal/Director of my child's magnet school to make decisions for and/or
provide care for my child, _____.
(Name of Child)

I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that I will be notified of any emergency as soon as possible.

These decisions may include:

- Emergency transportation (i.e. ambulance)
- Permission for emergency personnel to provide treatment (i.e. EMT/Emergency Room staff)
- Permission for staff trained in First Aid to provide treatment until other emergency personnel arrive.
- Directing emergency transportation to the closest hospital (the parents' choice of hospital will always tried to be honored unless the situation dictates otherwise, i.e. field trip out of area).

Parent Signature

Date