

# THE HABERSHAM SCHOOL

Established 2012

## **Consent to Receive Medical Treatments Form**

In case of emergency, I \_\_\_\_\_, Parent/ Guardian of \_\_\_\_\_, give the staff and volunteers of The Habersham School permission to assess any accident, illness, or injury that may occur to my child or myself while participating in school-sponsored activities and field trips. I also give them permission to seek medical treatment for my child if their assessment of the situation deems treatment/medical attention is necessary. I hereby give permission to The Habersham School to provide first aid for said dependent and to take appropriate measures, including contacting Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility. I understand that I will be contacted and notified of any treatment/medical attention as soon as the situation allows.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Emergency Contacts:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_