

COMMUNITY-AS-SCHOOL

...an individualized academic opportunity for

...Montabella High School student

Medical Emergency Treatment Authorization

In the event of a medical emergency, every effort will be made to contact you immediately. If we can't reach you, this completed form will authorize us to obtain the necessary medical treatment for said child.

Student Name _____

I, _____ of _____
(Address)

City of _____, County of _____

State of _____, am the _____
(Father or Mother or Legal Guardian)

of _____, a minor, of _____
(Name of Child) (Address)

State of _____, who is under the supervision of MHS personnel.

I hereby give my consent in the event all reasonable attempts to contact me at:

() _____ or _____
(Phone Number) (Other Parent or Guardian)

() _____ have been unsuccessful for the administration
(Phone Number)

of any treatment deemed necessary by an available physician or dentist, or any hospital reasonably accessible.

(Preferred Hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Dated _____
(Parent/Guardian Signature)