

# Emergency Consent to Treat Form

## MARICOPA VILLAGE CHRISTIAN SCHOOL

### Student Information (please print clearly)

Last Name	First Name	Middle Name	Nickname
Address	City	State	Zip Code
Home Telephone	Mobile Telephone	E-mail	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Grade	

### Father/Guardian Information

Mr.  Other: \_\_\_\_\_  Step-parent  Guardian (Relationship to student) \_\_\_\_\_

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone	Work Telephone	Mobile Telephone	E-mail
Employer	Occupation/Title	Driver's License Number	
Employer Address	City	State	Zip Code

### Mother/Guardian Information

Mrs.  Ms.  Other \_\_\_\_\_  Step-parent  Guardian (Relationship to student) \_\_\_\_\_

Last Name	First Name	Maiden Name	
Address	City	State	Zip Code
Home Telephone	Work Telephone	Mobile Telephone	E-mail
Employer	Occupation/Title	Driver's License Number	
Employer Address	City	State	Zip Code

### Emergency Medical Information

Family Physician	Telephone	Insurance Carrier	
Address	City	State	Zip Code
Hospital Preference	Hospital Telephone		

**PLEASE READ AND FILL OUT THE FOLLOWING INFORMATION CAREFULLY, AND SIGN BELOW**

Students may not be released from school without permission of a parent, guardian, or other authorized adult. If an emergency requires that a student be dismissed from school and a parent cannot be reached, please provide the school or emergency personnel with the critical contacts and information for authorization and assistance. Two emergency contacts (other than parents or guardians) are required.

**IMPORTANT: Student will not be admitted into school without this completed information.**

***Emergency Contact – Family or Friend (not parent or guardian)***

Mr.  Mrs.  Other \_\_\_\_\_ Relationship to student: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

***Second Emergency Contact – Family or Friend (not parent or guardian)***

Mr.  Mrs.  Other \_\_\_\_\_ Relationship to student: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Please describe all allergies to substances and/or medications. If none, please write "NONE":

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither parent nor family physician can be reached for consent, the parents hereby consent to rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctors or emergency personnel rendering such service.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I do hereby give permission for the above named student to participate in any authorized school field trips approved by the staff, or any authorized overnight school outings approved by the school board, during the present school year.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_