



# THE HARVEY SCHOOL

## AUTHORIZATION TO PROCURE AND PROVIDE FOR EMERGENCY TREATMENT

**STUDENT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

As the parent or guardian of the above-named student, I do hereby certify my understanding, acceptance of, and agreement to the following specific covenants and provisions concerning medical emergencies that may arise during the course of an off-campus trip supervised by a member of The Harvey School faculty or staff or their spouses or, in special circumstances, by an adult approved by the Headmaster or his representative.

1. I hereby request and authorize an accompanying member of The Harvey School faculty or staff or their spouses or, in special circumstances, an adult approved by the Headmaster or his representative to act on my behalf in the event of a medical emergency involving the above-named student, and to procure and provide for appropriate medical treatment. For the purposes of this authorization "appropriate medical treatment" shall include any and all diagnostic and treatment services prescribed and performed by licensed medical practitioners in recognized office, clinic, and hospital settings.
2. I understand that the person or persons representing The Harvey School will make reasonable efforts to contact me by telephone in the event of a medical emergency, but notwithstanding such contact, I authorize them to employ their judgment and discretion, absolutely, in the determination of an execution of appropriate steps to take under the circumstances presented.
3. I hereby agree to save and hold harmless The Harvey School and its representatives both jointly and severally, from and against any loss, damage, liability or expense of any kind or nature, including without limitation claims for personal injury or loss, whether such injury or loss be caused by negligence or other cause, associated with The Harvey School representative decision regarding emergency medical treatment for the above-named student. Further, I hereby agree to reimburse The Harvey School or its representative on presentation of charge for any expense incurred on behalf of the above-named student in connection with medical treatment or diagnosis.
4. I hereby authorize any licensed medical practitioner or medical care facility to provide any and all necessary medical treatment to the above-named student in the event of a medical emergency requiring immediate care; such treatment to include, where necessary, hospitalization, injection, anesthesia, or surgery, or such other procedure which may become necessary, provided that the treatment conforms to standard medical practice for the presenting condition. I hereby accept financial responsibility for all such treatment performed.
- 5. This authorization is valid for the entire period of the student's attendance at The Harvey School.**

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Signature of Parent or Guardian

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Date