

**Greenwich Public Schools  
School Health Program  
Permission for Treatment (Pre K – 8)**

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**Parent/Guardian Permission for Treatment**

**Authorization For Medical Care:**

In the event of a medical emergency or illness, I hereby authorize Greenwich Public Schools to provide first aid, and/or to request emergency medical treatment and transportation to a hospital. Any hospital or emergency medical personnel are authorized to provide treatment to my child of such nature as they deem appropriate and to consult with the physician listed in the Student Profile.

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

**\*\* A child without a history of a severe allergic reaction may receive epinephrine from a certified teacher if a reaction is suspected (CT. Act 14-176). Please contact the nurse directly, if you do NOT wish your child to be included under this law.**

Student's Doctor: \_\_\_\_\_ Student's Dentist: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Preferred Hospital : \_\_\_\_\_

Emergency Contact(s) [**\*\* other than parents/guardian**]: \_\_\_\_\_

**STUDENT HEALTH INSURANCE INFORMATION**

Does your child have Health Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your child is uninsured we will provide you information on Connecticut's HUSKY Plan. Your signature means that the school can provide you contact information for the Connecticut Department of Social Service (administrating agency of the HUSKY Plan) or information about how to enroll in HUSKY.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date