



TANGIPAHOA PARISH SCHOOL SYSTEM

PERMISSION FOR EMERGENCY TREATMENT

DATE _____

To Whom It May Concern:

_____ School has my permission to seek emergency medical treatment for my child, _____, in the event I cannot be reached. My child may be taken to the nearest medical facility in the event my doctor, _____, telephone number, _____ is not available. In case of an emergency, I will be responsible for any bill incurred while receiving treatment and transportation.

ATTENTION:

IT IS THE RESPONSIBILITY OF THE PARENT OR LEGAL GUARDIAN TO CONTACT THE SCHOOL NURSE WHEN A STUDENT HAS A MEDICAL CONDITION OR HEALTH PROBLEM. THIS MUST BE DONE AT THE BEGINNING OF EVERY SCHOOL YEAR, OR AS SOON AS THE PARENT/GUARDIAN BECOMES AWARE OF THE STUDENT'S CONDITION. THIS WILL ENABLE YOU TO DISCUSS WITH THE NURSE THE CARE YOUR CHILD MAY NEED AT SCHOOL.

PARENT/GUARDIAN'S SIGNATURE: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

EMERGENCY TELEPHONE NUMBER: _____

"The Tangipahoa Parish School System does not discriminate on the basis of race, color, national origin, sex, age, disabilities, or veteran status. We are an equal opportunity employer."

Tangipahoa Parish School System, in partnership with families and community, will build a safe and innovative environment where each student will be career ready.

Be Respectful. Be Compassionate. Be Great.