



ISD #2711 - MESABI EAST SCHOOLS  
CONSENT TO TREAT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Mother or Guardian \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Last First

Place of Employment: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If we cannot contact you, please list persons and phone number who will care for child in case of emergency:

\_\_\_\_\_  
Name Phone Name Phone

In case of an Emergency that could arise during participation in Sporting Events or Extra Curricular Activities, our procedure will be to contact the parents at home or work. If emergency medical treatment is required, may the school authorities use their own judgment in calling the above named physician or an ambulance?

YES \_\_\_\_\_ NO \_\_\_\_\_

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ :

Name of Insured: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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