

MELISSA M. STILLEY  
SUPERINTENDENT



JANICE FULTZ RICHARDS  
BOARD PRESIDENT

**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/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/LEGAL GUARDIAN BECOME AWARE OF THE STUDENT'S CONDITION. THIS WILL ENABLE YOU TO DISCUSS WITH THE NURSE THE CARE YOUR CHILD MAY NEED AT SCHOOL.***

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME NUMBER:** \_\_\_\_\_ **WORK NUMBER:** \_\_\_\_\_

**EMERGENCY NUMBER:** \_\_\_\_\_

**TANGIPAHOA PARISH**  
SCHOOL SYSTEM