



Consent to Treatment of a Minor

Rumson Country Day School

Parent or guardian to complete

Student Name

Date of Birth

Parent Name

In the event that any of the above cannot be reached, I hereby authorize The Rumson Country Day School authorities to take appropriate emergency action for the safety of my child, and authorize the School authorities to sign consents for hospital administration and for any emergency operative procedures. Riverview Medical Center is the designated hospital for this area unless otherwise stated below.

☐ Please use _____ hospital

Parent Signature

Relationship

Date