FFAC Exhibit A
Authorization to Consent to Medical Treatment of a Student

Please read entirety and choose the option that you wish the school to follow for your child regarding medical care and treatment, including dental treatment, at school or school activities.

(Please print.)
Student's name: _____
Date of birth: _____
Grade: _____
Name of parent or guardian giving consent below: _____
Address: _____
Work phone number: _____
Home phone number: _____
Mobile phone number: _____

Alternate person(s) to contact if parent or guardian cannot be reached who is/are authorized to consent to the student's medical treatment:
Name: _____
Phone number: _____
Relationship to student: _____

Student's doctor or preferred health-care provider
Name: _____
Phone number: _____

Student's dentist
Name: _____
Phone number: _____

Medical Conditions:

Medications or drugs to which the student has an allergic or adverse reaction:

_____

If your student takes medication at school, please complete the Parent's Request for Administration of Medication by School Personnel, FFAC (EXHIBIT) C.*

Does the student have an Individual Health Plan (IHP) or an Emergency Action Plan (EAP) on file with the school nurse or will need an IHP or EAP? ☐ Yes ☐ No

Does the student have a form on file with the nurse allowing them to self-carry an inhaler, Epi-Pen, or seizure medication? ☐ Yes ☐ No

Option One:

☐ If I, or the alternate contact person I designated above, cannot be reached, I authorize school officials to secure any and all necessary medical care and treatment, which includes dental treatment, if necessary, for the above-named student for illness suffered, injury sustained, or other situation requiring medical treatment while at school or participating in school-related activities. If medical treatment can only be secured off school property, I prefer that my child be taken for care and treatment at the following medical facility: _____ *(name of preferred medical facility)*. I understand that the District may use another licensed hospital, clinic, or medical facility, if necessary, to ensure proper care for my child.

I further understand that the District will contact emergency medical services for emergency care either as required by law or when deemed necessary, regardless of the consent authorized herein for medical treatment.

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remains the responsibility of the parent or guardian and will not be assumed by the District or any of its officers or employees.

I understand that the District will attempt to contact me as soon as possible if such action is necessary.

(Check one)

☐ **I do** have medical insurance coverage on my child with:

Insurance Provider: _____

☐ **I do not** have medical insurance coverage on my child.

Parent's or guardian's signature: _____

Date: _____

*** Copies of this authorization may be presented to the admissions office of a hospital, clinic, physician, or dentist. ***

*** Other distribution will occur only within the limitation of the Family Education Rights and Privacy Act. ***

Option Two:

☐ School officials are not authorized to secure any and all medical care or treatment for the above-named student while at school or participating in school-related activities.

I further understand that the District will contact emergency medical services for emergency care either as required by law or when deemed necessary, regardless of the consent authorized herein for medical treatment.

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remains the responsibility of the parent or guardian and will not be assumed by the District or any of its officers or employees.

I understand that the District will attempt to contact me as soon as possible if such action is necessary.

Parent's or Guardian's signature: _____

Date: _____

*** Copies of this authorization may be presented to the admissions office of a hospital, clinic, physician, or dentist. ***

*** Other distribution will occur only within the limitation of the Family Education Rights and Privacy Act. ***