



SAINT JAMES SCHOOL

Consent for Medical Treatment

Student Name	
Form	
Birthdate (mm/dd/yyyy)	
Parent/Guardian Name	
Parent Email	
Parent Cell Phone	

CONSENT

I authorize and consent to medical treatment in the event my child becomes ill at school, in a school-related event or activity. I authorize SJS, in its sole discretion, to take one or more of the following actions: A) secure any emergency medical transportation necessary; B) release my child to the medical facility and attending medical personnel. C) administer epinephrine or any similar drug by licensed or unlicensed personnel in the event my child exhibits symptoms which the school believes reflect anaphylaxis or other severe allergic reaction; D) render other first aid and other treatment that may be needed if the situation allows while awaiting arrival of emergency medical assistance and/or emergency contact(s).

I authorize the hospital or medical facility and any attending medical personnel to perform any diagnostic procedures and/or medical treatments required. I further authorize a representative of SJS to sign for my child to receive medical treatment or medical care which is deemed necessary. SJS is not financially responsible for any medical care or transportation provided for or on behalf of my child.

Signature of Parent or Legal Guardian

Date