Grade _____

Miramonte Christian School
Seventh-day Adventist Education

Consent to Treatment

You must choose and check one of the boxes for Insurance, Medical Conditions, Allergies, Food Intolerance, Medications and Hospital Preference below.

Student's Name _____ Age ____ Date of Birth____/____/____
Last Name First Name Mo. Day Year

_____ _____ _____
Address City Zip

Parent/Guardian Information: (Please circle phone number of parent we should call first.)

_____ (____)_____ (____)_____
Father/Guardian Name Cell Phone Number Alternate Phone Number

_____ _____ (____)_____ (____)_____
Mother/Guardian Name Cell Phone Number Alternate Phone Number

Insurance: None ☐ Yes ☐ Name of Company:_____ Group # _____ Plan # _____

Child's Physician _____ Office Telephone (____)_____

Medical Conditions: None ☐ Yes ☐ List:_____

Allergies: .None ☐ Yes ☐ List: 1._____

2._____

PLEASE NOTE: If "Yes", above, then you must complete and submit a FARE Plan form for your child)

Food Intolerance, Check all that apply: ☐None ☐Milk/lactose ☐Egg ☐Nut ☐Other:_____

Medications: None ☐ Yes ☐ List: 1._____
Name of medication Time of day given

2. _____
Name of medication Time of day given

Date of Last tetanus immunization (dpt/Dtap/Tdap) _____

Local Hospital preference (Check one): Kaiser ☐ Other ☐ :_____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident if you can not be reached. In case of any changes in the names of persons, notify the school in writing.

1. Name _____ Relationship _____ (____)_____
Cell phone number

2. Name _____ Relationship _____ (____)_____
Cell phone number

If emergency service involving medical action or treatment is required and the parent cannot be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date_____

Revised 06/13/2018