

VANCOUVER PUBLIC SCHOOLS  
CONSENT TO PARTICIPATE IN  
**5<sup>TH</sup> GRADE INSTRUMENTAL PROGRAM**  
**MEDICAL TREATMENT CONSENT FORM**

THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES

Student Legal Name \_\_\_\_\_

To attend the **5<sup>th</sup> GRADE INSTRUMENTAL PROGRAM**. Dates of Attendance: **October 10, 2022 – June 2, 2023.**

**Consent for Medical Treatment**

This is to authorize emergency medical care and treatment for my son/daughter in my absence. Every reasonable effort will be made to contact me if such action is necessary.

\_\_\_\_\_  
FAMILY PHYSICIAN

\_\_\_\_\_  
HOSPITAL PREFERENCE

\_\_\_\_\_  
NAME OF INSURANCE CARRIER

\_\_\_\_\_  
GROUP/CHART NUMBER

If your student will need to bring prescribed medication, the Authorization for Medication Administration form (enclosed) must be completed and signed by the health care provider and parent/guardian. For over-the-counter medications, please check with your school nurse for procedure.

DOES YOUR CHILD TAKE ANY MEDICATION? \_\_\_\_\_ If yes please list: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT THE TEACHER NEEDS TO BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_  
I UNDERSTAND THAT THE STUDENT WILL BE SUPERVISED BY SCHOOL AUTHORITIES AND THAT EVERY EFFORT WILL BE MADE TO ENSURE STUDENT SAFETY.

I WILL ASSUME FINANCIAL RESPONSIBILITY FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
PHONE/RELATIONSHIP

**NOTE: THIS CONSENT FORM MUST BE SIGNED AND RETURNED PRIOR TO THE DESIGNATED DATES REFERENCED ABOVE.**