VANCOUVER PUBLIC SCHOOLS
CONSENT TO PARTICIPATE IN AFTER SCHOOL PROGRAM AND MEDICAL TREATMENT CONSENT FORM

THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES _____
Student's Name

TO ATTEND THE FOLLOWING AFTER SCHOOL/EXTENDED DAY PROGRAMS _____

_____ DATES OF ATTENDANCE_____

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 TO SCHOOL PRIOR TO THE DESIGNATED DATE OF PROGRAMS ATTENDED.