



**VANCOUVER PUBLIC SCHOOLS
CONSENT TO PARTICIPATE IN
5th GRADE INSTRUMENTAL PROGRAM
MEDICAL TREATMENT CONSENT FORM**



THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES

STUDENT NAME: _____ TO ATTEND THE 5th GRADE INSTRUMENTAL PROGRAM

September 2018

DATES OF ATTENDANCE

May 2019

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.