

STUDENT HEALTH INFORMATION AND MEDICAL TREATMENT CONSENT FORM

Student's full name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_  
(if different from student)

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other name and phone number to contact in case of emergency \_\_\_\_\_

Name of medical doctor or clinic \_\_\_\_\_

Telephone number \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

MEDICAL INFORMATION

List any known illnesses, allergies (including drug allergies and/or dietary restrictions).

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Medication student is presently taking \_\_\_\_\_

How often \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

List any physical factors, which might affect student's activity or would be necessary for a physician to know when caring for your child.

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### MEDICAL TREATMENT CONSENT FORM

If any emergency arises, it might be necessary to seek care for your child before staff can contact you. Such care can be provided only if you sign the authorization below. If you choose not to authorize such medical treatment, you must submit a written explanation, stating your reasons for disallowing such treatment.

In case of minor illness or injury, I give my permission for the supervisor or chaperone of my child \_\_\_\_\_, or myself \_\_\_\_\_, to administer necessary treatment and/or first aid. I further authorize any licensed doctor or medical facility or trained emergency technician to administer emergency/surgical care.

The undersigned parent/guardian agrees to pay for medical care authorized above and to pay for return transportation to Hastings, Minnesota necessitated by such emergency.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

STATE OF MINNESOTA }  
 } ss.  
 COUNTY OF DAKOTA }

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_

\_\_\_\_\_, on this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Notary Stamp or Seal

\_\_\_\_\_  
 Notary Public

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