



CONSENT TO EMERGENCY MEDICAL TREATMENT

I, the undersigned parent or legal guardian of _____, do hereby authorize The Caedmon School staff to secure or obtain any and all emergency medical treatment for my child in the event that I cannot be contacted.

I further authorize any hospital or dispensary, and attending physician, and/or licensed medical personnel to render any and all emergency care to my child that may be deemed necessary or life saving.

It is understood that an attempt will be made by the School to contact me (or my spouse) or an individual listed under the Emergency Contact Information section of the Student Personal Profile form in the event emergency medical treatment/care is deemed necessary or the 911 system is activated for my child.

VERIFICATION

I have read the above and foregoing Consent to Emergency Medical Treatment and understand the statements therein. I hereby authorize The Caedmon School staff to secure any and all emergency medical treatment and I authorize any hospital and/or attending medical personnel to render emergency medical treatment for my child and understand that this care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. **This consent remains valid until revoked by me in writing.**

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date

