



MEDICAL CONSENT FORM

No student may attend classes or field trips until this form has been received.

CHILD'S NAME

LAST: _____

FIRST: _____

GRADE _____

BIRTHDATE _____

CHILD'S DOCTOR _____

PHONE _____

INSURANCE COMPANY _____

POLICY # _____

I give The Rhodes School permission to administer the appropriate dose for age/weight of

Tylenol or Tylenol Cold to my child if necessary. The Rhodes School also has permission to administer the following prescription medications to my child: (NOTE- Prescription medication must be in a pharmacy labeled container. A non-prescription medication may be given no more than 3 days without a physician's signature.)

1.

2.

3.

3.

Parent Signature: _____

Date: _____

***EMERGENCY TREATMENT**

: _____

I GIVE PERMISSION FOR The Rhodes School, its staff and/or assignees to authorize my child to be transported to the nearest hospital emergency room in the event that immediate medical attention is deemed necessary by school staff or volunteers or emergency medical personnel on the scene. I also authorize emergency medical treatment for my child.

_____ PARENT

SIGNATURE _____

DATE _____