

Authorization for Emergency Medical Treatment

The undersigned, legal custodian of _____, a minor, hereby authorizes the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given under provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). Furthermore, I understand that AGBU Manoogian-Demirdjian School, its officers and its employees assume no liability for any nature in relation to the transportation of the said minor. All costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

PLEASE COMPLETE THIS PORTION

Doctor:	Daytime Phone:
Hospital Plan:	Group No:
My Child is Allergic to the Following Medication:	
Other Medications Used:	
Parent or Guardian Name:	
Signature of Parent or Guardian:	Date:

FOR SCHOOL USE ONLY

Student Released To:		
Address:		
Date:	Time:	Signature: