



Medical Consent Form

2016-2017

We, the undersigned, understand that Sego Lily School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, Sego Lily School will (1) attempt to contact the parents or legal guardians of the student and (2) if, in the School's reasonable judgement, the student's condition warrants it, arrange to transport the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical transportation and treatment for _____ (name of student) by a licensed physician, nurse, paramedic, or hospital staff member.

Signed: _____ Date: _____
(student)

Signed: _____ Print Name: _____
(parent)

Home Phone: _____ Work Phone: _____

Signed: _____ Print Name: _____
(parent)

Home Phone: _____ Work Phone: _____

If the student has any known allergies, diseases, handicaps, disabilities, special needs, or restrictions that should be known to the school, please describe them here: