

MANTECA UNIFIED SCHOOL DISTRICT

EMERGENCY TREATMENT CONSENT FORM

Court Papers on File at School Site Student Lives With: _____ Relationship: _____

STUDENT NAME-PLEASE PRINT

Last	First	Middle
Date of Birth (Mo/Day/Yr)		Circle One M F
Home Address		Change of Address <input type="checkbox"/>
Mailing Address		
City		Zip
Physician	Phone ()	
Dentist	Phone ()	
Preferred Hospital		

Teacher	Grade	Room #
Father/Guardian/Stepfather (Circle One)		
Home Phone ()	Cell Phone ()	Work Phone ()
CA Driver's License No. (Optional)		
Mother/Guardian/Stepmother (Circle One)		
Home Phone ()	Cell Phone ()	Work Phone ()
CA Driver's License No. (optional)		
Special Concerns (Medication/Allergies/Etc.)		

EMERGENCY CONTACTS			
Please list persons authorized in your absence to seek emergency treatment for the child listed above.			
NAME-Contact Person	TELEPHONE	ADDRESS	RELATIONSHIP/ CHILD CARE
1.			
2.			
3.			
Email Address			

OVER

MANTECA UNIFIED SCHOOL DISTRICT

EMERGENCY TREATMENT CONSENT FORM

The following consent for emergency treatment in the absence of the parent/legal guardian is given in accordance to the conditions of Section 25.8 of the Civil Code of California.

I, the undersigned parent/person having legal custody of _____, a minor, authorize **MANTECA UNIFIED SCHOOL DISTRICT** to act as my representative in giving consent for said minor to receive necessary emergency medical services. Such medical services may include x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care judged advisable by any physician or surgeon licensed under the Medical Practice Act on the medical staff of any hospital or dentist licensed under the Dental Practice Act. Such diagnosis or treatment may be administered at the office of said physician/dentist or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. The following are exclusions to my authorization: (Please list any exclusions below or write "None")

I authorize any hospital, that has provided treatment to the above-named minor in accordance to the conditions of Section 25.8 of the Civil Code of California to release the minor to my listed agent(s) when treatment is completed. This authorization is given in accordance to Section 1283 of the Health and Safety Code of California.

Parent/Legal Guardian Signature

Date
Elem. Ed. Revised 07/06