

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: March 18, 2011

REVISED:

115-AR-3. CONSENT FOR TREATMENT

I, _____, the parent/guardian of _____ give my consent for my child to participate in the cooperative education program described here:

I further give my legal consent and authorize any representative of _____ School District or a sponsor to authorize emergency medical treatment by a licensed physician, hospital or other health care giver for my child for any injury or illness of an emergency nature s/he incurs while participating in the activity noted above.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child.

I acknowledge and agree that _____ School District or the sponsor is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original.

If my child requires emergency medical treatment, I understand school personnel or the sponsor will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work and home phone numbers to the school.

This form must be signed and returned to the school by _____ if the student named above is to participate in the work-study activity. (Date)

| | | |
|-----------------|-----------------------|-------|
| _____ | _____ | _____ |
| Parent/Guardian | Work Telephone Number | Date |

| | | |
|-----------------|-----------------------|-------|
| _____ | _____ | _____ |
| Parent/Guardian | Home Telephone Number | Date |