

2020-2021 Medical Consent

Florence-Carlton School

5602 Old Hwy 93

Florence, MT 59833

Child's Name: _____ Grade: _____

Allergies: _____ Reactions: _____

Medications given for allergic reactions: _____ Benadryl _____ EpiPen (parents must provide @ school)

Medical Problems: _____

I give my child permission to have the following medications administered at school by the school nurse for relief of minor aches and body pain, including headaches:

Ibuprofen _____ Tylenol _____ Cough Drops _____

The following medications may be administered to my child for minor stomach upset:

Mylanta _____ Tums _____

The following medications may be administered to my child. In the event these medications are administered the school nurse will notify me of my child's condition as soon as possible:

Benadryl (for minor allergic reaction, such as bee stings) _____

Signature (parent/legal guardian) _____

Medical Waiver

I hereby consent to the treatment of my minor child by a medical physician, or medical personnel at any hospital, or temporary treatment by a registered nurse, licensed practical nurses, or emergency medical technician, until a medical physician can be obtained, for any illness or injury to my minor child while on or adjacent to any school ground, or sanctioned field trip of the Florence-Carlton School District. This consent shall include, but not be limited to, any surgery deemed required for the immediate health and medical treatment of our child. This consent shall be effective only if the child's parents, legal guardians or next of kin cannot be contacted or found by reasonable diligence at the time of the medical treatment. This consent shall terminate as soon as any of the above mentioned people are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by the parent or legal guardian.

I hereby acknowledge that I assume financial responsibility for all treatment and all medical expenses for my child.

Signature (parent or legal guardian) _____ Date _____

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