

USD 444 LITTLE RIVER-WINDOM SCHOOL DISTRICT
Consent to Treat (Emergency Medical Authorization)

I give my legal consent and authorize any representative of USD 444 Little River-Windom School District to authorize medical treatment, including and necessary surgery or hospitalization, for my child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity by a physician or dentist licensed in accordance with provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

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 USD 444 Little River-Windom School District is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.