

Belt Public Schools Consent Form

Emergency Treatment * School Transportation * Field Trip

Please Print Clearly

Student's Name: _____
Student's Date of Birth: _____ Age: _____ Grade: _____ Ethnicity: _____
Student Cell Phone: _____ Student Home Phone: _____

Parent/Guardian: (Mom) _____ (Dad) _____
(Mom) Cell Phone: _____ Work Phone: _____ Home Phone: _____
(Dad) Cell Phone: _____ Work Phone: _____ Home Phone: _____
Physical address: _____ City _____ Zip Code _____
Mailing Address: _____ City _____ Zip Code _____
Parent contact if different from above: (Mailing or Physical?) _____

Emergency Contact (Please print clearly)

Name: _____ Daytime Phone: _____
Name: _____ Daytime Phone: _____

Medical Information

May student be given: Aspirin Yes No ** Non-Aspirin Yes No

List all allergies and/or medical conditions or other pertinent information:

List all medications to which the student is allergic.

Physician: _____

Name	Phone	Address
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Medical Insurance Carrier & Policy number: _____

Acknowledgements

Realize that emergency medical action and/or treatment may be necessary and hereby give my consent for the school, school personnel, emergency personnel, or medical personnel to obtain and give necessary emergency medical care or first aide treatment as warranted by the situation. I understand that in the event of serious injury, the need for major surgery, or a life threatening situation, that if time allows the attending physician will attempt to contact me, but if contact is not made, I authorize the treatment necessary for the best interest of my child and the emergency conditions which exist.

I give permission for my child to ride the school transportation which is provided to/from school and/or to/from activities, field trips, or other authorized functions of the school.

I am aware that all school rules/regulations apply when students are under the care of the school district whether at Belt of off campus and that the student/parent is responsible for being aware of the guidelines in board policy, the student handbook, and the common practices/procedures of the school.

*I realize that the School District **does not** provide medical or injury insurance for our child and that I am responsible for any cost incurred as a result of the medical attention my child is provided. The district recommends to parents that they insure their child through their own policy and/or purchase supplemental coverage. Supplemental coverage through Northwest Scholastic Insurers can be obtained utilizing forms the school will provide upon request*

Student (Print Clearly)

Date

Student Signature

Parent/Guardian (Print Clearly)

Date

Parent/Guardian Signature