

EMERGENCY MEDICAL TREATMENT

Permission is hereby granted to authorized school personnel of the Mahomet-Seymour Community Unit No. 3 to obtain emergency medical treatment for my child in the event of a serious illness or injury. In the event of an emergency wherein my parental (guardian) consent cannot be immediately obtained, and when in the opinion of emergency personnel or an attending physician, the well-being of my child may be impaired if treatment is not administered, permission is hereby granted to emergency personnel or an attending physician to proceed with any emergency medical treatment which in the opinion of the emergency personnel or attending physician is necessary to protect the well-being of my child. I specifically authorize treatment of minor injuries by the school trainer, as the school trainer shall determine is the best interest of my child.

Student _____

Grade _____ School _____

Parent/Guardian PRINTED Name _____

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell/Work Phone _____

Comments: (Emergency #'s and/or health concerns) _____
