

George Washington Academy
Parent Permission for School Sponsored Activity and Consent to Medical Treatment
540F2

Please complete both top and bottom of form

(Name of Student) _____ has the opportunity to participate in a school activity away from school premises. If you approve the following arrangement, please sign at the bottom of this section and return to the faculty sponsor.

DESTINATION _____

DATE _____ TIME OF DEPARTURE _____ DATE/TIME OF RETURN _____

MEANS OF
TRANSPORTATION: _____

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity. I hereby give my permission for him/her to participate in the above-described activity. I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the school.

Date: _____ Signature of Parent/Guardian: _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:

ALLERGIES TO FOODS, DRUGS, OTHER:

EMERGENCY TELEPHONE NUMBERS:

THIS FORM SHOULD BE KEPT BY THE CHAPERONE DURING THE ACTIVITY
(Please complete the form below)

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by an emergency staff member and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of Father and/or Mother, or Guardian _____