



# Medical Consent Form

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Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your child take any prescription medication?  Yes  No If yes, please describe:

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If you wish to have any of the medications specified above dispensed from the school office, you must provide the school with the desired medication(s) in the original container clearly marked with your child's name and required dosage. These medications may not be stored in the student's locker.

We authorize that our child be administered the following medications in the recommended child dosages when requested:  Ibuprofen  Children's Ibuprofen  Tylenol  Children's Tylenol

Does your child have any known allergies, asthma, diabetes, or seizures?  Yes  No If yes, please describe, and **you MUST provide an action plan signed by your child's doctor:**

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## Medical Consent Signature

We hereby appoint all members of the administration and teaching faculty of Zion Christian School as persons who, during my/our absence from a school-related function, shall be authorized to provide necessary legal consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.) which may be required if we are unavailable. Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, I/we ask to have our preferred physician reference above consulted in connection with such medical and/or surgical treatment and/or special procedure.

This consent and authorization shall include and extend to all matters for which consent or authorization is required under the law of the state where treatment is provided and the policies of the medical care provider and Zion Christian School. In consideration of the services which are rendered to any child named above, pursuant hereto, we agree to pay for all such services.

\_\_\_\_\_  
*Father's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Date*