

# CONSENT FOR MEDICAL TREATMENT

I am the \_\_\_\_\_ (Mother - Father - Legal Guardian) of, \_\_\_\_\_ who is a student at Gettysburg School District and/or participates in;

- a. Potter County extra-curricular activities
- b. Co-curricular activities for the Gettysburg Public School
- c. School sponsored field trips

I understand that in the event of a medical emergency involving my child, I will be notified immediately if possible. However, in the event that I cannot be reached at the time of the emergency, I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the Gettysburg School District. I hereby appoint employees of the Gettysburg School District to act on my behalf in securing necessary medical services from any licensed physician or osteopath. It is understood that the Gettysburg School District and its employees are not responsible for any financial cost incurred as a result of securing medical service.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Emergency or Cell Phone Number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## CONSENT OF STUDENT

I, \_\_\_\_\_, have read the above Consent form signed by my \_\_\_\_\_ (Mother-Father-Legal Guardian) and join with \_\_\_\_\_ (him/her) in the consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Student's Signature: \_\_\_\_\_

