

MAGIC APPLE CONSENT FOR EMERGENCY MEDICAL TREATMENT

AS THE PARENT/GUARDIAN HAVING LEGAL CONSENT OF THE MINOR LISTED BELOW:

_____.

I/We hereby give consent and authorize Magic Apple School and its representatives, teachers, staff, individuals and parents assisting the school in whose care the above child(ren) has been entrusted by me/us to consent to any x-ray, medical, lab exams, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor(s) under the general and special supervision and upon the advise of a physician, dentist, and/or surgeon licensed through the provisions of the California Medicine and Dental Practice Act. I/We understand that Magic Apple School and its representatives as listed above will first attempt to reach me/us or the preferred doctor/dentist/hospital listed below but may also contact any doctor/dentist/physician duly licensed at our expense. In signing below we acknowledge and agree to assume full financial responsibility for any medical costs incurred in the treatment of our child(ren).

PARENT/GUARDIAN _____ DATE _____.

SPECIAL HEALTH INFORMATION, ALLERGIES, LEGAL RESTRICTIONS:

Preferred physician _____ Address _____ Phone _____.

Preferred dentist _____ Address _____ Phone _____.

Preferred hospital _____ Address _____ Phone _____.

Insurance _____ Subscriber _____ Phone _____.

PLEASE ATTACH COPY OF MEDICAL INSURANCE CARD

MAGIC APPLE FIELD TRIP TRANSPORT PERMISSION:

In signing below, I/We, as the authorized parent of _____ agree to allow our enrolled child(ren) _____.

to be transported by bus and/or private automobile to and from public school, to Deer Park Shopping Center to meet parents, as well as on any school field trip, outings or events.

In signing below I/We agree to hold harmless the school, teachers, staff, or any individual and/or parent representing or assisting the school in the event of accident or injury.

Parent _____ Date _____.

Teacher _____ Date _____.