

# Excel Christian School

Motivating students to find joy in the pursuit of spiritual, moral, relational, and academic excellence.

## Consent for Emergency Treatment

### Parent Contact Information (First to be contacted)

Name: \_\_\_\_\_  
First Middle Initial Last

Phones: Home: ( ) Work: ( ) Cell: ( )

Name: \_\_\_\_\_  
First Middle Initial Last

Phones: Home: ( ) Work: ( ) Cell: ( )

### Alternate Contacts (Local person other than parent or guardian)

Name: \_\_\_\_\_  
First Middle Initial Last Relationship

Phones: Home: ( ) Work: ( ) Cell: ( )

Name: \_\_\_\_\_  
First Middle Initial Last Relationship

Phones: Home: ( ) Work: ( ) Cell: ( )

### Physician/Hospital Information

Physician's Name: \_\_\_\_\_  
First Last Phone Number

Hospital Preference: \_\_\_\_\_

Medical/Hospital Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Carrier Phone Number: \_\_\_\_\_

### Consent to Medical Care and Treatment

*Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.*

I hereby authorize and consent to the administration of all medical and /or surgical treatment(s) to my child by a licensed physician or hospital in the event that I am not available to consult with the attending physician, attempts to contact me have been unsuccessful, and the attending physician deems it advisable to proceed with such treatment(s).

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_