



Medical Consent Form

We the undersigned understand that Spring Valley School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the school will: (1) If, in the School's reasonable judgment, the student's condition warrants it, initiate 911 to provide transportation for the student to an appropriate medical facility for treatment and (2) attempt to contact the parents or legal guardians of the student. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for _____ by a licensed physician, nurse, paramedic, or hospital staff member.

Signed: _____ Emergency Phone _____
 (parent/guardian)

Work Phone _____ Date _____

Signed: _____ Emergency Phone _____
 (parent/guardian)

Work Phone _____ Date _____

Please list any known allergies that the student may have:

Sworn and subscribed before me this

_____ day of _____ 20_____

Seal

Notary Public, State of Florida

Notary's Name Printed Signed