

## Medical Emergency Consent

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Name of child's physician or health clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Child's hospital \_\_\_\_\_ Phone \_\_\_\_\_

When there is a medical emergency, or when a child needs immediate medical treatment, North Idaho Kids Academy will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, the school will call 911 and the Parents/Guardians. If the Parents/Guardians cannot be reached, the school will call the persons listed below who are authorized by the parent to give permission for the medical treatment of the child. These persons are authorized to do so are:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If the Parents/Guardians and the authorized persons cannot be reached, the school will call the child's doctor, identified above. If the child must be taken to the hospital, the school will take the child to the child's hospital identified above. If under the circumstances, it is more reasonable to bring the child to another hospital, the provider will do so. In the situation where the Parents/Guardians and the persons authorized to give permission for medical treatment are not able to be reached, the Parent/Guardian authorizes the child's doctor to provide appropriate medical treatment for the child.

The Parents/Guardians assume all financial responsibility for all doctors, hospital, and medical bills that occur for their child while at North Idaho Kids Academy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_