

Sanlando Christian School/Medical Consent Form 2016-2017

Child's Physician _____ Phone _____
Address _____ City, State, Zip _____

Known Allergies _____ Severe Yes No
Preferred Hospital _____
Regular Medication _____

Medical Ins. Co. _____ Phone _____
Member I.D. _____

Policy/Group/Plan# _____

Consent to Medical Treatment:

We/I, the undersigned, are the parents/parent having legal custody, or the legal guardian(s) of _____, a minor, and have given our/my consent for him/her to attend Sanlando Christian School, implemented by the staff of Sanlando United Methodist Church (Longwood, FL). In the event that he/she is injured while attending such school and requires medical attention, we/I consent to any reasonable medical treatment as deemed necessary by a licensed physician. We/I hereby authorize the director, office administration, or lead teacher to give such consent for us/me, if we/I cannot be reached, or if emergency conditions warrant immediate treatment. In the event this person(s) give(s) consent for us/me, we/I agree to hold such person(s) free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. We/I give consent that such necessary medical treatment be performed at the closest appropriate medical facility. We/I also assume responsibility for any and all medical bills incurred.

Parent/Guardian Name _____ Daytime Phone _____

Signature _____ Cell Phone _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public _____

Commission Expires _____

Parent/Guardian Information: Driver's License No. _____
Personally Known _____

SANLANDO CHRISTIAN SCHOOL
1894 WEST STATE ROAD 434
LONGWOOD, FL 32750-5002
407.339.1172 FAX 407.339.3354