

Northlake Academy

Consent to Medical Care and Treatment

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child, _____, may be given emergency treatment by a qualified care provider at Northlake Academy.

When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right to informed consent for such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

CHILD'S MEDICAL INSURANCE COVERAGE

INSURANCE COMPANY _____ MEMBER/POLICY
NUMBER _____

POLICY HOLDER _____
EMPLOYER _____