

TLC Academy
Consent for Emergency Treatment/Yearly Field Trip Form
2009-2010 School Year

I hereby give permission for my child _____ to:
(Please print)

- Be given emergency treatment by a qualified staff member at TLC Academy.
- Be transported by ambulance or aid car to an emergency center for treatment.
- Receive medical, surgical and hospital care, treatment, and procedures by all licensed physicians or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.
- Go on field trips scheduled and supervised by TLC Academy.

Child's Physician _____

Address _____ Phone _____

Child's Date of Birth _____

Preferred Hospital _____

Medical Insurance and Number _____

Date of Last Tetanus (or DPT) Immunization _____

Allergies (Drug or other) _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Emergency Contact Name _____ Daytime Phone _____
(Emergency contacts are authorized to pick children up from school)

Parent's Signature _____ Date _____