

**TLC Academy**  
**Consent for Emergency Treatment/Yearly Field Trip Form**  
**2010-2011 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 \_\_\_\_\_