

# THE CHILDREN'S SCHOOL

## Consent Form for Medical Treatment Consent Form is effective for duration of child's enrollment at TCS

\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Birth Date)

The undersigned agree that in an emergency, if medical care or surgery, including the administration of an anesthetic, is needed for said child, and it appears from competent medical advice that delay in giving such care will be harmful to said child and the undersigned cannot be reached or located in time to sign personal consent, this document will constitute an official consent for such medical care or surgery by a regularly licensed physician.

Signed \_\_\_\_\_  
(date)

By: Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Witness \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Place of Work \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Parent \_\_\_\_\_ Place of Work \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Relationship to child \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

### **Health Insurance** (information required for treatment in an emergency)

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

## Permission to Apply Sunscreen and Insect Repellant

Name of Child \_\_\_\_\_

1) Faculty/staff of The Children's School may apply sunscreen on my child under the following conditions:

-When the risk of sunburn exists.

-The product is used according to label directions.

(check all that apply):

- Using the school provided sunscreen, *Water Babies*, *Banana Boat*, or comparable product rated  $\geq$  SPF 15.
- Using sunscreen provided by parent: \_\_\_\_\_  
(product name)
- May not apply sunscreen on my child.
- I understand that faculty/staff applications will be midday or afternoon; I am responsible for applying sunscreen at home prior to the school day.
- My child is allergic to sunscreen.
- I do not know of any allergies my child has to sunscreen.

2) Faculty/staff of The children's School may apply insect repellant on my child under the following conditions:

-When advised by Central District Health that the risk of infection or illness related to insect exposure is high.

-The product is used according to label directions.

-The product is not applied near eyes or mouth or on hands.

(check all that apply):

- Using the school provided repellant, *Cutters*, *Off*, or comparable product containing  $\leq$  30% DEET.
- Using only the repellant product provided by parent: \_\_\_\_\_  
(product name)
- May not apply repellant on my child.
- My child is allergic to insect repellant.
- If my child is not to use repellant they will wear long pants, long sleeves and a hat when advised by Central District Health of risk of infection or illness related to insect exposure.
- I do not know of any allergies my child has to insect repellant.
- Do not use any of the following products on my child: \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_