

**PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT
(SAMPLE)**

The undersigned hereby authorizes this school district to obtain medical treatment for the following student:

Legal Name of Student : _____,
in the event of an emergency requiring such treatment.

Date of Birth: _____

The undersigned agrees that the school district will not be held liable for injuries, reaction, or adverse effects sustained as a result of the medical treatment.

Please list any known allergies or medical problems: _____

Dated this ____ day of _____, 20 ____

(Parent with Legal Custody or Legal Guardian): _____

Address: _____

Contact Phone: _____

Notify in case you cannot be contacted: _____

Contact Phone: _____

REFERENCE: 70 O.S. Law 170.2