DELHI PUBLIC SCHOOL-PANIPAT CITY

Emergency Treatment Consent Form

Child/Dependent Name ____ Relationship ________________

Address ____ City _____________ State __________ Pin __________

Home Phone (____________) __________________________________ Date of Birth ________________________

Parent/Guardian ________________________ Work Phone __________________ Cell Phone ________________

Email of parent/guardian: _____________________________ @ ____

Physician's Name ___________________________ Physician's Phone number ____________________________

Emergency Contact (if listed parent/guardian unavailable)

Name ____________________________ Home Phone (________) _____________ Cell Phone ________________

Address ______________________________ City ______________ State ___________ Pin __________________

Relationship to child _______________________ Work Phone (________) _________________________________

Health History

Special Medical Problems ____

____

Last Tetanus Shot (Td) (MM/DD/YY) ____________/__________/___________

Medications to be taken with directions : ____

____

Medication Allergies : ____________________________

History of Asthma? Yes/No

History of seizures or other loss of consciousness? Yes/No

History of heart problems? Yes/No, If yes, nature of problem : ____

Medicines prescribed by treating Doctor ____

(Attach the photo copy of Prescription)

Any specific activities:

Encouraged: _______________________________

Discouraged: ______________________________

"I hereby give my consent in advance to "Child Care Provider" and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above.

I understand that the Child Care Provider will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I specifically release the Child Care Provider and its representatives from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property."

_____________________________ _____________________________

Signature of Parent/Guardian Date

_____________________________ _____________________________

Signature of non-related adult witness Date