BETHEL HIGH SCHOOL
MEDICAL AUTHORIZATION-CONSENT FORM

This form is for Athletics and for any type of field trip that your student might want to go on. IF you fill out one for Athletics, just indicate that on this form and I can copy it.

I, _____, _____,
(parent/guardian) (address)
The parent person having legal custody or the legal guardian of _____,
(Student name)
hereby authorize any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor child upon the advice of a duly licensed physician or dentist, including, but not limited to, the right to consent to the administration of prescription or non-prescription medicine or drugs upon the advice of such physician or dentist; and to rely on the advice of a duly licensed physician, surgeon or dentist to prudently exercise their professional judgement and to choose the necessary treatment from any available alternative and to render such care and perform such treatment as they, in their professional judgment, determine to be in the best interests of the above named child; and to generally take or agree to such steps that are necessary to insure proper medical or dental care to said minor child in case of an emergency. I further release Bethel Public School officials from any liability regarding said treatment. This release and consent is valid for the _____school year.
Grade: _____

_____ _____
Signature of Parent or Person having Legal Custody or Legal Guardian Date

STUDENT HEALTHCARE INFORMATION

Birthdate: _____ SSN: _____ Address: _____
mm/dd/yr

_____
(City/State/Zip)

Pediatrician/Family Physician: _____
(Name/Phone Number)

Dentist: _____
(Name/Phone Number)

Allergies: _____

Date of last Tetanus: _____

Medical History (include surgeries):

_____

_____

Current Medications: _____

Guarantor Information:
____Father ____Mother ____Legal Guardian

_____
(Insured Name)

_____
(Address)

_____
(City/State/Zip/Phone Number)

Employer: _____

Address/Phone: _____

Insurance Carrier: _____ Policy Number: _____ Group: _____