

Consent for Emergency Medical Care

Parents are contacted first in case of injury or illness. In cases of extreme emergency or life threatening situations, Compass Academy is authorized to obtain medical treatment at the nearest emergency medical facility on our behalf.

Student Full Name: _____ Birthdate: _____

Name of Doctor: _____ Phone _____

I/We, _____, (mother, father, guardian) of above named student do hereby request and give consent to the principal of the school or his/her duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents/guardian cannot be reached. Consent is also given for the principal or his/her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Parent's/Guardian's Signatures

_____ / _____ Date _____