

ALLERGIES/SPECIAL HEALTH CONSIDERATIONS

Student Name:

Hospital Preference:

Hospital Phone #:

Physician's Name:

Physician's Phone #:

Insurance Company:

Policy Number:

List Any Allergies:

I do/ do **NOT** give permission to IGLS staff to give my child Tylenol (or it's generic equivalent) if needed.

I authorize all medical and surgical treatment, X-ray, Laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date