

Chenango Valley Central School District



High School / Middle School Health Offices

221 Chenango Bridge Road, Binghamton, NY 13901
High School Nurse (607) 762-6912 - Middle School Nurse (607) 762-6911 - FAX (607) 762-6897

Consent for Medical/Surgical Care and/or Emergency Treatment

CHILD'S MEDICAL INFORMATION

In presenting my child, _____, who is ____ years of age, for diagnosis and treatment, I/we hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, and hereby acknowledge that no guarantees have been made as to the effect of such examinations or treatment on the child's condition. I/we have read this form and certify that I/we understand its contents.

I/we hereby give consent to _____ who will be caring for my/our child _____ for the period _____ to _____, to arrange for routine or emergency medical/surgical/dental care and treatment if necessary to preserve the health of the above-named child.

I/we acknowledge that we are/I am responsible for all charges in connection with the care and treatment rendered during this period.

Name _____ DOB _____ Phone _____

Address _____

Child's Physician _____ Phone _____

Allergies _____

Medicines currently taking _____

Health Insurance Provider _____ Group # _____ ID# _____

Co-pay (if any) for clinic/doctor visits \$ _____

Co-Pay (if any) for emergency room visits \$ _____

Any medical condition the school should be aware of? _____

IN CASE OF AN EMERGENCY, I CAN BE REACHED AT

Mother _____
(Please Print)

Phone: _____ Work: _____

Cell: _____ Pager: _____

Father _____
(Please Print)

Phone: _____ Work: _____

Cell: _____ Pager: _____

Signature _____

Date _____