



Consent for EMERGENCY Treatment

The school staff and/or host family will make every effort to contact parents or guardian in the event of an emergency. However, it is very important that we have a written consent for an operation or other emergency treatment, should one become necessary.

This consent refers to..... (student's name)

Please print your name clearly – I,

- being the parent/legal guardian (tick if student is under the age of 18)

give my consent for an emergency operation or other emergency treatment to be performed if this is deemed medically necessary.

Specific medical allergies, medicine being taken or other conditions physician should be aware of (if none, please write NONE):

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Signed:.....

Date:.....