

Coweta County School System Emergency Consent Form

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Work (Mother) \_\_\_\_\_

Work (Father) \_\_\_\_\_ Cell Phones \_\_\_\_\_

I authorize only the following to sign out/pick up my child:

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

Is there any specific medical problem? \_\_\_ Yes \_\_\_ No If yes, please explain

Allergic to any drugs/medications? \_\_\_ Yes \_\_\_ No If yes, please explain

Regular Physician \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize my child be treated in the school clinic by the school nurse or the first aid provider in the school. Should my child become ill or suffer an accident during the time he/she is in the care of the Coweta County School System, it is understood that all efforts will be made to contact me immediately. If I am not present, I authorize appropriate medical treatment. I also agree to assume all responsibility for payment.

Please select, in order of preference, the medical facility you would like your child to be treated at if necessary:

\_\_\_\_\_ Piedmont - Newnan \_\_\_\_\_ Piedmont - Fayette

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature