



Thunderbird Christian Elementary

Training Children for Eternity

2024-2025 School Year

2024-2025 Parental Consent to Treatment

This form must be filled out at the beginning of each school year to cover the activities for the entire school year.

A copy of each student's form must be taken on off-campus activities.

Only designated staff will have access to the completed form.

Student's Name: _____ Age: _____ Date of Birth: _____

Primary Contact Parent/Guardian's Name: _____

Primary Home Address: _____

Parent/Guardian Name: _____ Preferred Contact Number: _____ Secondary Contact Number: _____
Is this number: Work Cell House Is this number: Work Cell House

Parent/Guardian Name: _____ Preferred Contact Number: _____ Secondary Contact Number: _____
Is this number: Work Cell House Is this number: Work Cell House

Please describe allergies to any food, substances, or medications:

List any regular medications student takes: _____ Date of last tetanus shot: _____

Please list any dietary requirements/restrictions: _____

Please list any physical restrictions: _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident until you can be reached. (In case of any changes in the named persons, notify the school in writing.)

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Insurance Provider: _____ Group: _____ Member: _____

Primary Insurance Holder: _____ Birthdate: _____

Please give the name of your local family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Family Physician: _____ Office Telephone: _____

Hospital Preference: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above-named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian: _____ Date: _____