



Manteca Unified School District Emergency Treatment Consent Form

School/Teacher	Grade	Room #	Student ID #
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Court Papers on File at School Site

Student Resides With: _____ Relationship: _____

Student Information – PLEASE PRINT

Last Name	First Name	Middle	Date of Birth (Mo/Day/Yr)	Gender (Circle One) F M
Home Address		Mailing Address (if different)	City	Zip Code
Parent/Guardian <input type="checkbox"/> M <input type="checkbox"/> F			Home Ph. # ()	Cell Ph. # ()
			Wk. Ph. # ()	
Parent/Guardian <input type="checkbox"/> M <input type="checkbox"/> F			Home Ph. # ()	Cell Ph. # ()
			Wk. Ph. # ()	
Special Concerns (Medication/Allergies/Etc.,)				
Doctor		Ph. #	Dentist	Ph. #
			Preferred Hospital	

EMERGENCY CONTACTS

Please list persons authorized in your absence to seek emergency treatment for the child listed above

1	Name of Contact Person (First and Last Name)	Telephone #	Address	Relationship to Student
2				
3				
4				

Emergency Treatment Consent

The following consent for emergency treatment in the absence of the parent/legal guardian is given in accordance to the conditions of Section 25.8 of the Civil Code of California.

I, the undersigned parent/person having legal custody of _____ a minor, authorize **MANTECA UNIFIED SCHOOL DISTRICT** to act as my representative in giving consent for said minor to receive necessary emergency medical services. Such medical services may include x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care judged advisable by any physician or surgeon licensed under the Medical Practice Act on the medical staff of any hospital or dentist licensed under the Dental Practice Act. Such diagnosis or treatment may be administered at the office of said physician/dentist or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. The following are exclusions to my authorization: **(Please list any exclusions below or write "NONE")**

I authorize any hospital, that has provided treatment to the above-named minor in accordance to the conditions of Section 25.8 of the Civil Code of California to release the minor to my listed agent(s) when treatment is completed. This authorization is given in accordance to Section 1283 of the Health and Safety Code of California.

Parent/Legal Guardian Signature

Date