

PARENTAL CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT
(COMPLETE ONE PER STUDENT)

I, _____, parent or legal guardian of _____, this ___ day of _____, 20___, state that I am a resident of Durand Community Unit School District No. 322, and enroll my child in the School District. I hereby authorize and consent to Durand Unit School District No. 322, its employees and agents, and Dr. _____, my child's physician, or any physician in their group practice, in my behalf and in my Stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of Durand Community Unit School District No. 322, its Employees and agents, to arrange for immediate medical treatment by a licensed Physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained to my child. I further authorize Durand Community Unit School District No. 322, and through its employees and agents, to administer such emergency medical treatment, **including the administration of over the counter medications**, as is necessary for the health and welfare of my child.

I do hereby agree to hold harmless and indemnify Durand Community Unit School District No. 322, its employees and agents, either jointly or severally from and against any and all claims, demands, damages or causes of action, or injuries, including reasonable attorneys fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Signature _____

Parent of _____ Grade _____

NO OVER THE COUNTER MEDICATION WILL BE GIVEN WITHOUT A SIGNED CONSENT FORM