

**PARENTAL CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT**  
**(FILL OUT ONE FORM FOR EACH 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 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 \_\_\_\_\_