

FENTRESS COUNTY SCHOOLS
DEPARTMENT OF SCHOOL HEALTH SERVICES
1011 South Old Hwy 127
Jamestown, TN 38556
Mike Jones, Director of Schools

STUDENT EMERGENCY FORM – PERMISSION TO TREAT

PURPOSE: To enable parent(s)/guardian to authorize emergency treatment for their child in the event the child becomes seriously ill or injured and a parent/guardian cannot be reached.

Child's Full Name: _____ Date of Birth: _____

School _____ Grade _____ Teacher _____

In the event reasonable attempts to contact me at _____ or _____
(home phone) (business phone)

_____ or _____ or _____
(mobile phone) (spouse business phone) (spouse mobile phone)

have been unsuccessful, then please contact:

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____

If those attempts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the licensed ER physician or dentist.

In the event physicians, parent, or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Names (print) _____

Address _____

City _____ State _____ Zip _____

