

Consent to Treatment
Mother Lode Adventist Junior Academy
80 N. Forest Rd. Sonora, CA 95370 (209) 532-2855



Student's Name and Information

Last _____ First _____ Middle _____ Grade _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Date of Birth _____ Date of Last Tetanus Shot _____

Parents/Guardians

First Name	Last Name	Business Phone Number	Cell Phone Number

Describe allergies to substances and medication, as well as medical conditions of which the school needs to be aware:

Specify regular medications taken:

OTC medications/products allowed to be administered at school

Acetaminophen (Adult)	YES/NO	Rubbing Alcohol	YES/NO
Acetaminophen (Children's)	YES/NO	After Bite Bee Sting Medicine	YES/NO
Ibuprofen (Adult)	YES/NO	Charcoal	YES/NO
Ibuprofen (Children's)	YES/NO	Nail Polish Remover	YES/NO
Cough Drops	YES/NO	Antibiotic Ointment	YES/NO

Family Physician _____ Phone Number _____

Address _____

Family Dentist _____ Phone Number _____

Address _____

Names of two relatives or friends who have consented to assume responsibility of your child in case of illness or accident until you can be reached. The school must be notified in writing of any additions, deletions, or updates.

Name	Home Phone	Cell Phone	Work Phone

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for content, 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.

Date _____ Parent/Guardian Signature _____