

# MPHS GRAD NITE 2008

## Medical Consent Contract

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Be it known that I, the undersigned parent or guardian of the above named student, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in Grad Nite activities.

It is further understood that the parent of the student or their insurance will be responsible for paying any expenses resulting from illness or injury.

Does the student have any allergies? If yes, please list \_\_\_\_\_

Is the student currently under doctor's treatment? \_\_\_\_\_

What is the student currently being treated for? \_\_\_\_\_

Medication now taking? \_\_\_\_\_  
(Student must notify Grad Nite committee of any medications upon check-in)

Date of last tetanus booster? \_\_\_\_\_

This consent shall remain in effect until May 23, 2008, unless revoked sooner, in writing.

\_\_\_\_\_  
**FATHER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**MOTHER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**LEGAL GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS\***

\_\_\_\_\_  
**DATE**

\*Signature of parent or guardian must be witnessed by another adult. One parent may witness for the other parent.

PLEASE RETURN TO GRAD NITE REPRESENTATIVE LOCATED OUTSIDE THE CAFETERIA WITH AGREEMENT & CONSENT CONTRACT & PAYMENT DURING LUNCH PERIODS ON TUESDAYS OR WEDNESDAYS.