

**Mountain Pointe High School Grad Night/Senior Trip 2011
Medical Consent Contract**
(please print or type)



Student Name ("Student"): _____ Date of Birth: _____

Parent Names: _____ Mobile #: _____

Home #: _____ Alternative #: _____

Physician Name: _____ Phone #: _____

Insurance Provider: _____ Policy/Group ID #: _____

I, the undersigned parent or guardian of the above named Student, do hereby grant to any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to Student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill while participating in Grad Night/Senior Trip activities.

It is further understood that the parent of the Student or their insurance carrier will be fully responsible for paying any and all expenses incurred during the treatment resulting from the Student's illness or injury.

Please list any allergies the Student may have: _____

Is the Student currently under doctor's treatment? Yes or No

If so, what is the student being treated for: _____

Please list any medications the Student is currently taking: _____

(Student **must** notify Grad Night Representatives of any medication upon Grad Night and Senior Trip check in)

Date of last Tetanus Booster Shot: _____

This consent shall remain in effect through May 27, 2011 for participants of Grad Night only or through June 3rd, 2011 for participants of both events, unless revoked in writing prior to these events.



Signature of Parent or Legal Guardian
(Even if the student is over 18)

Date

Relationship to the Student: _____

Witness' signature (adult, can be another parent)

Date