

Sunrise Beach High School

Welcome International Students Medical / Surgical Consent

LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

STUDENT'S FULL NAME _____ DATE _____

TO WHOM IT MAY CONCERN:

I, _____ (print - parent or legal guardian) do hereby give permission that my child,

First Middle Last

May be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary of advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

RELATIONSHIP TO STUDENT _____

DATE _____

Note: Lower section to be completed by SBS/SBHS or Host Family

Emergency Phone Number(s) _____

Student Birth Date _____ Allergies _____

Mrs. Mary Wohlers, International Student Coordinator – (360) 791-8348

Student Host Address _____

Home (Host Family) Phone(s) _____

Insurance Company _____

Policy / Membership Number _____ Group Number _____

Policy Holder Name _____

Notes:

