



WYANDOTTE SCHOOLS

1st & School Street • P.O. Box 360 • Wyandotte, OK 74370
Superintendent (918) 678-2255
High School • (918) 678-2222 • Middle School
Elementary (918) 678-2299 • Fax (918) 678-3907



WYANDOTTE PUBLIC SCHOOLS

Parental Consent for Emergency Medical Treatment

Student's Name: _____
Address: _____
City: _____

Date: _____
School: _____
Grade: _____
Birth Date: _____
Home Phone: _____
Zip Code: _____

TO THE PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls.

Mother's Name: _____ Work Address: _____ Business Telephone: _____
Father's Name: _____ Work Address: _____ Business Telephone: _____

LIST TWO (2) NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name: _____ Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

HEALTH Information: List any health conditions such as heart disease, diabetes, epilepsy, sever allergies, eye or ear problems, or any chronic conditions:

EXPLANATION: _____
DOCTOR 1st Choice: _____ 2nd Choice: _____
Telephone: _____ Telephone: _____
HOSPITAL CHOICE: _____ Telephone: _____

*I, the undersigned, do authorize officials of the **Wyandotte School District** to contact the persons named on this form and do authorize the named physician(s) to render treatment deemed necessary in an emergency, for the health of said child.*

In the event physicians, other persons named here, or parents cannot be contacted, the school officials are hereby authorized to take whatever action deemed necessary in their judgment for the benefit of the above named child.

I will not hold the school district financially responsible for the emergency care and/or treatment for my child.

Student Name: _____ Parent Signature: _____
Last First Middle

This form shall be given to doctor, hospital, or other medical facility administering treatment should the child listed above require emergency medical treatment.

Administrator Signature: _____ Date: _____