

91-81

PART IIREFUSAL TO CONSENT

DO NOT COMPLETE THIS PART IF YOU COMPLETED PART I

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish to have the school authorities to take no action or to:

PARENT NAME _____

PARENTS ADDRESS _____

1ST PHONE NUMBER TO CALL _____

ALTERNATE NUMBER TO CALL _____

PARENTS/GUARDIAN SIGNATURE / DATE