

Permission to Treat Form

South Harrison Community School Corporation
315 Harrison Drive
Corydon, Indiana 47112
(812) 738-2168

Dear Parent:

Throughout the year the schools experience difficulty upon occasion when children become ill and/or injured in the school and need emergency medical attention. Often the parents are employed or they are gone for the day and unable to be reached immediately.

In this extreme situation, the school would like parents or guardians to give the school and hospital permission to treat the injured child.

Name of Child: _____

Hospital Preference: _____ (May require stabilization at closest hospital before transporting to hospital of choice)

Contact Parent or Guardian by phone at:

Parent or Guardian Name: _____

Home: _____

Cell: _____

Work: _____

Please call our family physician: Dr. _____ at phone number: _____.

Date: _____

Parent or Guardian Signature: _____