

## Sanlando Christian School Medical Consent Form 2018-19

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Known Allergies \_\_\_\_\_ Severe Yes  No   
Preferred Hospital \_\_\_\_\_  
Regular Medication \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Phone \_\_\_\_\_  
Member I.D. \_\_\_\_\_

Policy/Group/Plan# \_\_\_\_\_

### Consent to Medical Treatment:

We/I, the undersigned, are the parents/parent having legal custody, or the legal guardian(s) of \_\_\_\_\_, a minor, and have given our/my consent for him/her to attend Sanlando Christian School, implemented by the staff of Sanlando United Methodist Church (Longwood, FL). In the event that he/she is injured while attending such school and requires medical attention, we/I consent to any reasonable medical treatment as deemed necessary by a licensed physician. We/I hereby authorize the director, office administration, or lead teacher to give such consent for us/me, if we/I cannot be reached, or if emergency conditions warrant immediate treatment. In the event this person(s) give(s) consent for us/me, we/I agree to hold such person(s) free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. We/I give consent that such necessary medical treatment be performed at the closest appropriate medical facility. We/I also assume responsibility for any and all medical bills incurred.

Parent/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_ Cell Phone \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

Parent/Guardian Information: Driver's License No. \_\_\_\_\_  
Personally Known \_\_\_\_\_

**SANLANDO CHRISTIAN SCHOOL**  
**1894 WEST STATE ROAD 434**  
**LONGWOOD, FL 32750-5002**  
**407.339.1172 FAX 407.339.3354**