ARROYO PACIFIC ACADEMY

41 West Santa Clara Street • Arcadia, California 91007-3100 • Tel 626.294.0661 • Fax 626.294.0677

International Student Emergency Treatment Consent Form

Please print:

Student's Name: _____ Age: _____ Grade Level: _____

MEDICAL / EMERGENCIES:

Please indicate any allergies, health issues, learning disabilities, psychological issues or medical conditions we need to be aware of.

_____

_____

_____

_____

EMERGENCY TREATMENT CONSENT

The undersigned parent(s)/guardian of the above-named student, a minor, do hereby authorize Arroyo Pacific Academy, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medical Practice Act of the State of California, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from SEPTEMBER through AUGUST unless sooner revoked in writing delivered to said agent(s).

I understand it is my responsibility to inform Arroyo Pacific Academy, in writing, of any changes pertaining to this form. If I do NOT inform Arroyo Pacific Academy of any changes, in writing, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

SIGNATURE (*DO NOT PRINT*) of Father / Guardian: _____

Date: _____

Home Telephone Number: _____ Work: _____

Home Email: _____

SIGNATURE (*DO NOT PRINT*) of Mother / Guardian: _____

Date: _____

Home Telephone Number: _____ Work: _____

Home Email: _____

U.S. Emergency Contact Name: _____

U.S. Home Telephone Number: _____ Work: _____

Home Email: _____