MEDICAL, DENTAL AND PSYCHIATRIC TREATMENT CONSENT FORM

I (we), parent(s) or legal guardian of: _____
(Student's name)
who is a student at Verde Valley School, Sedona, AZ, hereby authorize the Infirmary staff at the school to administer to my (our) child any medical/dental/psychiatric care, treatment or medication deemed advisable by a physician licensed by the State of Arizona or by any other qualified health professional under the general supervision of a licensed physician. I (we) further consent to the immediate transfer of my (our) child to any hospital or other medical facility or office in the event of an urgent or emergent medical, dental, or psychiatric condition, and authorize a representative of the school to consent on my (our) behalf to any urgent or emergent medical, dental or psychiatric treatment to be rendered to my (our) child.

I (we) further authorize any physician or health care provider who has rendered treatment to my (our) child to release to the Infirmary any and all medical records relating to or necessary for my (our) child's treatment or diagnosis, in order to enable it to provide treatment for the physical and mental health of my (our) child.

I (we) authorize Verde Valley School to release information to facilitate the medical, dental, psychiatric care of my (our) child or as is necessary to enable the provider of care to complete a claim for health insurance. I (we) understand and agree that I (we) are exclusively responsible for the payment of all medical services rendered to my (our) child other than services provided directly by the Infirmary.

The school assures the parent(s) or legal guardian that all reasonable efforts to contact them will be made before exercising this authorization.

_____ _____
Parent or Guardian signature Date

Home number: _____

Cell number: _____

Work number: _____

Home Address: _____

_____

_____