



Districts are required to identify students whose parents or legal guardians have been an active member of the Armed Forces or National Guard at any time throughout the current year. **Please check ✓ the option below that best describes the student's Military Student identifier status at any point during the school year.**

- \_\_\_\_\_ \* - **Not Applicable** (Not a Military Student)
- \_\_\_\_\_ **A - Active Duty**- Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marines Corp or Coast Guard)
- \_\_\_\_\_ **B - National Guard**- Student is a dependent of a member of the National Guard (Army or Air)

Medical Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Provider: \_\_\_\_\_

**PART I: TO GRANT CONSENT**

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**Part II: REFUSAL TO CONSENT**

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 the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**