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| LAKESIDE SCHOOLPermission to Treat and Physician’s Statement Form |
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|  |  |  |  |
| Student’s Name |  | Date of Birth Grade in 2017-2018 | Sex |
|  |  |  |
| Parent’s/Guardian #1 Name / Mobile Phone Number |  | Parent’s/Guardian #2 Name / Mobile Phone Number |
|  |  |  |  |  |
| Address |  |  |  | Parent #1 Home Phone |  |  |
|  |  |  |
| City, ST ZIP Code |  |  |
|  |  |  |
| Medical Information |
|  |
|  |  |  |
| Insurance Provider |  | Subscriber ID # |
|   |
| Current Medications and Medications Allowed |
|   |
| Allergies/Symptoms and General Medical Notes  |
|  |
| I authorize that my child be given emergency medical treatment to include first aid and CPR by a qualified staff member. I authorize Lakeside School, in the event of medical emergency, to contact Seattle’s Medic 1, a licensed ambulance service, or a legal representative (employee) of the school, to transport my student to the emergency facilities of Northwest Hospital or any duly licensed and accredited medical hospital. I authorize said physician or surgeon to examine the above-named student to administer emergency medical care and to arrange for any consultation by a qualified specialist necessary to insure proper care of any injury. |
|  |  |  |
| **Parent’s/Guardian’s Signature** |  | **Date** |
|  |  |  |
|  |
| **PHYSICIAN STATEMENT AND SIGNATURE (ALL FIELDS ARE REQUIRED)** |
| Student may participate in the following (please check): Physical Education: Competitive Sports: Outdoor Program: Student Activities:  |
|  |
| Limited/Restricted Participation (please describe):  |
|   |
|  |
| Date of Most Recent Physical: Where Performed:  |
|  |
| Doctor’s Name (please print): Telephone:  |
|  |
| **Doctor’s Signature: Date:**  |

**THIS FORM IS DUE JUNE 1 AND VALID FOR ONE YEAR**