

Permission for Medical Treatment and/or to Administer Medication

I, _____, parent/guardian, hereby give permission to The River Performing and Visual Arts Center (The River) to administer the necessary medical treatment stated below, and/or to administer the medication listed below, to my student, _____, while attending classes. I understand that all medications must be given to The River in the original containers with the pharmacy and doctor names visible.

MEDICAL TREATMENT

Treatment: _____

Time: _____ AM / PM

Procedure (please be specific): _____

MEDICATION

Medication: _____

Time: _____ AM / PM

Dosage: _____

Type of Administration: _____

PHYSICIAN

Name: _____ Phone #: _____

EMERGENCY CONTACTS

Parent/Guardian Name: _____

Parent/Guardian Primary Phone #: _____ Alternate Phone # _____

Parent/Guardian Email Address: _____

Emergency Contact #1: _____

Relationship to Student: _____ Phone #: _____

Emergency Contact #2: _____

Relationship to Student: _____ Phone #: _____

Parent/ Guardian Signature

Date