

CONSENT FOR EMERGENCY MEDICAL CARE

I, _____, do hereby authorize the staff of the Woolley Institute for Spoken Language Education (WISE) to obtain medical or surgical care as deemed necessary and expedient by a duly-licensed or recognized physician or surgeon in case of an emergency when the parents or guardian cannot be reached.

Child's Name: _____

DOB: _____

Name of Child's Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Emergency #: _____

It is my understanding that in the event of a medical emergency involving my child, every attempt will be made to reach me or the Emergency Contact Person I have listed above for my child. If the Woolley Institute for Spoken Language Education (WISE) cannot reach me, then I authorize the school to employ a doctor or other healthcare professional, and I hereby give my permission to provide medical services that are deemed necessary.

Signature of Parent/Guardian

Date