



1115 N GOVERNMENT WAY  
SPOKANE, WA 99224  
509.325.1985  
WWW.PCASDA.ORG

## Consent to Treatment, 2023 - 24 School Year

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Allergies/Reactions: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contacts, if parents cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications student takes regularly: \_\_\_\_\_

Immunizations up to date: \_\_yes\_\_ no; If no, is a Certification of Exemption completed? \_\_yes\_\_ no

Date of last Tetanus Shot: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Palisades Christian Academy will provide basic First Aid for minor injuries and illnesses. However, we cannot dispense medication of any kind, unless the school office receives permission from a parent. If medications need to be dispensed at school, a form is available at the school office. This form would need to be completed by the student's parents and their physician and medications kept in the school office.

In case of accident or serious illness, the school will make every attempt to contact the student's parents. If parents cannot be reached, then an emergency contact, listed above, will be called. In the unlikely event that neither parents nor a listed emergency contact person is available, please give permission below for a school representative to authorize any treatment necessary for your student.

### Parent or Legal Guardian, please sign below:

If the school is unable to contact me, I authorize a school representative to take my child to the physician/dentist listed on this form. If it is impossible to reach my student's physician / dentist, I authorize any x-ray examination, anesthetic, medical, or surgical diagnosis/ treatment needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: It is necessary for a parent or guardian to sign this form and return it to the school office before the first day of school. Thank you!**