

CONSENT TO TREATMENT FORM
FOR SCHOOL YEAR 2026-2027
Dakota Conference of Seventh-day Adventists®

Student's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cellular Phone: _____

Father / Guardian: _____ Business Phone: _____

Mother / Guardian: _____ Business Phone: _____

Insurance Provider: _____ Policy Number: _____

Please describe allergies to substances and medication (If none, write NONE):

If on regular medication, please specify: _____

Date of last tetanus shot: _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician: _____ Office Phone: _____
Address: _____

2. Family Physician: _____ Office Phone: _____
Address: _____

3. Hospital Preference: _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name: _____ Phone Number(s): _____
Address: _____

2. Name: _____ Phone Number(s): _____
Address: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

Parent's Signature: _____ Date: _____

Rapid City SDA Elementary

School Trip Authorization

I grant permission for my child, _____ to participate in all field trips sponsored by the Rapid City SDA Elementary School for educational and/or recreational purposes.

I will not hold the Rapid City SDA Elementary School, its employees, its volunteer drivers, or its school board liable in case of accident, injury, or death to my child while on, en route to, or returning home from a field trip.

In the event I wish to deny permission for my child to go on a particular trip, it will be my responsibility to provide the school with a written notice.

Signature of parent or guardian gives permission as stated above.

Signature _____

Date _____

Medical Authorization

I give the Rapid City SDA Elementary School permission to administer medication like Tylenol, antacids, or prescribed medicine, etc. if it seems appropriate. I also give permission for my child, _____, to be taken to the doctor or to the hospital in an emergency and/or to contact the relative or friend indicated for assistance if I cannot be reached.

Doctor's Name _____

Phone _____

Friend or Relative's Name _____

Phone _____

Parent's Name (Printed) _____

Phone (Daytime) _____

Signature of parent or guardian gives permission as stated above.

Signature _____

Date _____