

Consent to Medical Care and Treatment of Minor Child

(1 form per student, 全生徒提出、生徒一人につき1枚ご記入ください。)

I, the undersigned parent or legal guardian of _____ (my child), hereby consent and give permission to **S.E.R.A. (Suzuki Education and Research Association)** to render emergency medical treatment to my child. I further authorize and consent to medical, surgical, and/or hospital care, treatment, and procedures, to be performed for my child by a licensed physician or hospital staff, when deemed immediately necessary or advisable by a physician, and I cannot be contacted. I hereby waive my right to an informed consent to such treatment.

I further give permission for my child to be transported by ambulance or aid car to a hospital emergency center for treatment.

I certify (or declare), under penalty of perjury under the laws of the State of Washington, that the foregoing is my free and voluntary act, and that the information provided herein is true and correct according to my personal knowledge and belief.

Date Month, Day, Year Signature of parent or legal guardian

Child's Name: _____

Date of Birth: _____ Home Phone: (_____)
Month, Day, Year

Known allergies (including drug reactions): _____

Chronic Illnesses: _____

Regular Medications: _____

Blood Type: _____ Other Pertinent Data: _____

Child's Physician: _____ Phone: _____

Insurance Coverage: _____