



Designation of Representative to Consent to Medical and Surgical Care for my Child

(Student Name)

(Date of birth: MM/DD/YY)

Representative:

I hereby appoint staff members of Scattergood Friend School as my agents and representatives for the purpose of authorizing and consenting to hospital, medical, and surgical care and treatment which in the agent’s opinion is necessary for the well-being of my child from August 24th, 2011- May 28th, 2012. I empower Scattergood staff members to act as legal guardians of my child in making decisions and signing authorizations regarding medical and surgical care for my child during the above time period. I accept responsibility for all costs related to such treatment..

Notification:

- Scattergood Friend School should contact me only in the event of an emergency. The school has my permission to contact me after the appointment in this case.
Scattergood Friend School should contact me about any medical appointments scheduled for my child. The school has my permission to contact me after the appointment in the case of emergency.

Exceptions:

Please list any medical procedures you DO NOT want performed on your child:

Emergency Contacts:

Please list the name(s), including parents/guardians (in order of priority), phones number(s), and email(s) of contact(s) we should try to reach in case of an emergency:

Table with 4 columns: Name/Relationship, Phone number(s), Location (i.e. home, business, cell), Email(s). Multiple rows for listing contacts.

Authorization Signatures:

I agree to the above designation of representation of my child while at Scattergood Friends School

(Parent/Guardian Signature) (Date) (Print)

(Parent/Guardian Signature) (Date) (Print)