

Mountain Brook City Schools

Treatment/Procedure Consent and Directions

I hereby request that my child _____ be given the following treatment/procedure as ordered by his/her physician.

Treatment/Procedure:

Type of treatment/procedure: _____

Time of treatment/procedure: _____

Notify physician in the event of: _____

Please observe the following: _____

Expected Duration of Treatment: _____

Physicians Instructions:

Physicians Name

Telephone

Physicians Directions: _____

Physicians Signature: _____

Student Information:

Student's Full Name

D.O.B

Phone Number

School

Grade

Teacher

Parental Consent:

Parents/Guardian Signature

Date