

**EMERGENCY CONSENT FORM
2017-2018 Academic Year**

Student Name: _____

Student Grade: _____

Consent for Medical Treatment and Liability Waiver

I recognize that children may get hurt at The Foote School or during athletic and other activities related to The Foote School. I release and hold harmless The Foote School, its agents and employees from all claims, damages and other liability for injury to the student where such claims, damages or other liability are not the result of gross negligence by The Foote School, its agents or employees. I hereby give, The Foote School, the authority to obtain any necessary treatment for my child, if in the judgment of faculty/staff, treatment is required. I give my permission to the school to release medical information to school faculty/staff and healthcare providers as necessary. I am aware that if my child self-carries an EpiPen or inhaler to school, it is my responsibility to make certain my child carries the medication to school each day and on all school-related activities. I give my permission to faculty/staff to administer medications in accordance with instruction provided by the ordering physician on the State of Connecticut Authorization to Administer Medication Form. In the event of an emergency, I also authorize school-activity chaperones to act on my behalf when seeking medical treatment. In the event I cannot be reached, I authorize medical treatment as deemed necessary by the attending physician or other healthcare provider. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I will notify the school of any changes in medical information.

Epinephrine for UNKNOWN Severe Allergic Anaphylactic Reactions

If my child has an allergic anaphylactic reaction, Foote School faculty/staff who are trained to administer the emergency medication epinephrine may administer it to my child in accordance with CT Public Act 14-176. **This only applies to a child who has NOT been diagnosed with a severe allergy and does not already have epinephrine prescribed.** Please check below:

Yes _____ No _____ (I **DO NOT** want epinephrine administered to my child)

Parent 1/ Guardian

Signature _____ Date _____

Parent 2/ Guardian

Signature _____ Date _____