



Downers Grove Grade School District 58

We Envision. We Seek. We Believe.

PARENTAL CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent or legal guardian of

_____, this ____ day of _____
am a resident of Downers Grove Grade School District 58, and enroll my child in the
School District. I hereby authorize and consent to Downers Grove Grade School District
#58, its employees and agents, local paramedic personnel, Dr. _____
my child's physician, or any physician in their group practice, in my behalf and in my
stead, to administer emergency medical assistance to my child. This permission and
consent extends to the right of Downers Grove Grade School District 58, its employees
and agents, to arrange for immediate medical treatment by a licensed or certified
physician and/or other medical personnel, and for such physician or other medical
personnel to apply such emergency techniques which, in their judgment, they deem
appropriate to treat any injury sustained by my child. I further authorize Downers
Grove Grade School District 58, by and through its employees and agents, to administer
such emergency medical treatment as is necessary for the health and welfare of my
child.

I further waive any claims against Downers Grove Grade School District 58, the
members of the Board of Education, its employees and agents arising out of the
provision of or arrangement for emergency medical assistance to my child and agree to
hold harmless and indemnify Downers Grove Grade School District 58, the members of
its Board of Education, its employees and agents, either jointly or severally, from and
against any and all liability, claims demands, damages, or causes of action or injuries,
costs, and expenses, including attorneys' fees, resulting from or arising out of the
provision of or arrangement for emergency medical treatment.

Signature: _____

Parent of: _____