

*Required annually

COTTING SCHOOL

EMERGENCY MEDICAL TREATMENT FORM

I hereby give permission for _____ to receive routine
(student's name)
or emergency medical treatment or care by Cotting School staff including the Boston Children's Hospital Clinical Fellow. In the event of serious emergency, the student will be transported by ambulance to the Emerson Hospital Emergency room.

I have received a copy of the school's Health Information Privacy Policy (attached).

Thank you for your cooperation.

Sincerely,

Elizabeth Harstad, M.D.
Boston Children's Hospital
Medical Director, Cotting School

Date

Signature of Parent or Guardian

Student signature (18 and own guardian)

Insurance Policy #

Name of Insurance Company

Important

If you do not give us permission for your child to receive routine or emergency medical treatment, please sign below and give us your reason. This would require us to call 911 for routine medical care.

Date

Signature of Parent/Guardian

Student signature (18 and own guardian)

Reason: _____

