



## MEDICAL CONSENT / EMERGENCY RELEASE FORM

I/We \_\_\_\_\_ do hereby consent to give Mount Bell Academy and its authorized personnel or agents to represent me/us with full authority, and with the power to authorize consent for any medical treatment, including performance of x-rays, exams, and whatever emergency (non-elective) operations are deemed necessary and the administration of medication and/or anesthetics for \_\_\_\_\_.  
*Name of Student*

I/We give authorization and consent for such treatment by whichever hospital, clinic or medical center as may be necessary and appropriate in the event of an injury or illness sustained by the above mentioned student while on campus, traveling to or from campus, or while under the supervision of school personnel.

I/We understand that I/we are financially responsible for any expenses for medical care and/or transportation incurred by the above mentioned student.

If possible, I prefer this student to be taken to \_\_\_\_\_ Hospital.

**Signature of Parent(s)/Legal Guardian(s):**

**Date:**

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