



TANQUE VERDE UNIFIED SCHOOL DISTRICT 13

TANQUE VERDE ELEMENTARY SCHOOL

2600 N FENNIMORE • TUCSON, AZ 85749 • 520-749-4244 • FAX 520-749-4292 • tanqueverdeschools.org

I (we) the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and/or the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercising of his/her best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to transporting the student to an emergency facility or the rendering of treatment to the patient by such facility but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of the Civil Code.

YOU ARE PRESUMED ALREADY TO HAVE CONSENTED TO EMERGENCY TREATMENT NECESSARY TO PRESERVE LIFE AND LIMB.

List any restrictions: _____

Printed name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

As parent/guardian, it is your responsibility to update the school any time there are changes in your address or phone number.

This consent shall remain effective until rescinded in writing.