

Parental Medical Consent Form

I hereby grant permission to the Homer Central School District and their duly authorized Representatives, to consent to first aid, emergency medical care and all other medical or Surgical care they deem reasonably necessary to the health and well being of my son or Daughter.

Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_  
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