



**The Woodward School
Consent to Treat Release Form
Academic Year 2023-2024**

There may be a rare instance (e.g., medical, mental health or surgical emergency) in which consent by the parent or guardian is legally required, but the proper person cannot be reached. In this event, and to avoid delay which might jeopardize the life or recovery of a student, we request the following authorization from the parents or guardian, with the understanding that every effort will be made to contact them in an emergency.

I understand that in an emergency, 911 will be dispatched and my child will be transported via ambulance to the nearest hospital. A Woodward Faculty/Staff member will follow in their own car until parents/guardians are able to be reached and arrive at hospital.

I hereby authorize the health care providers and agents by Woodward School, including coaches, administrators, and faculty, to secure necessary treatment (s) including EMS transport, hospitalizations, anesthesia, and emergency surgery for my child.

Student's Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____