

## Permission for Medical Treatment and/or to Administer Medication

I, \_\_\_\_\_, parent/guardian, hereby give permission to The River Performing and Visual Arts Center (The River) to administer the necessary medical treatment stated below, and/or to administer the medication listed below, to my student, \_\_\_\_\_, while attending classes. I understand that all medications must be given to The River in the original containers with the pharmacy and doctor names visible.

### MEDICAL TREATMENT

Treatment: \_\_\_\_\_  
\_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

Procedure (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICATION

Medication: \_\_\_\_\_  
\_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

Dosage: \_\_\_\_\_

Type of Administration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHYSICIAN

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY CONTACTS

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Primary Phone #: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date