



Last Name: _____
First Name: _____
Grade: _____
Academic Year: 20__ -20__

## PROVISION OF MEDICAL CARE FOR BOARDING STUDENT

### PERMISSION FOR MEDICAL CARE:

I authorize Oregon Episcopal School faculty/staff to provide and/or obtain emergency as well as non-emergency medical, surgical, dental and mental health (including substance abuse) care for my child, \_\_\_\_\_ (Name)

These services may include Mantoux skin testing and chest x-rays for tuberculosis screening and immunizations mandated by the State of Oregon, diagnostic tests, and any health care deemed appropriate by the Student Health Services or by a physician, health care worker or hospital selected by the OES Student Health Service. I understand that, except in an emergency, no surgical operation (other than a minor office procedure) will be performed on my minor child without my being contacted and fully informed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FOR RELEASE OF INFORMATION:

Oregon Episcopal School faculty/staff are granted my permission to sign for Release of Medical Information for my child (age 14-20 years of age) when it is needed to coordinate health care while the student is in the OES dormitory setting.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_