

**CHRISTIAN ACADEMY of ARTS, SCIENCE and TECHNOLOGY (CAAST)**

**392 Mile Hill Road, Tolland, CT 06084**

**Telephone (860) 341-2480 Website: [www.caast-school.org](http://www.caast-school.org)**

**EMERGENCY TREATMENT CONSENT FORM**

I, \_\_\_\_\_, the parent of the student \_\_\_\_\_, give permission to the School Nurse or the authorized designated person at CAAST, to administer emergency treatment as needed by the student while at school.

I understand that CAAST will not be made liable for any injury incurred while administering care to the student, since this is done to save the student from injury considered to be worse.

The CAAST personnel will contact the public emergency services at 911, if that service is deemed necessary. Any such service will be billed to the parent and not to CAAST.

The CAAST personnel will contact one of the persons named below, and let him/her know of the situation. Once contact has been made, no one else will be called. Please list in the order of contact.

Person(s) to notify: (1) \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

(2) \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

(3) \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_