

PANHANDLE DRIVING SCHOOL

Consent to Emergency Medical Treatment of Minor

This consent is given with the understanding that every reasonable effort will be made by the instructors of Panhandle Driving School to whom the authority is being granted hereunder to attempt to reach or contact the undersigned and that the purpose of the authorization is to empower Panhandle Driving School Instructors to act as authorized in the event of an emergency.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed to be necessary to provide necessary authority to the driving instructors to consent to any and all such diagnosis, treatment or hospital care as a physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable.

(I) (We), the undersigned, natural parent(s) or legal guardian(s) of _____ a minor, do hereby give authorization to Panhandle Driving School instructors said minor's supervisor to consent to such X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of said minor as may deemed advisable by and is to be rendered said minor under the general or special supervision of any physician and /or surgeon duly licensed under the provisions of the Medical Practices Act, or any medical services normally rendered by or under the supervision of a qualified and licensed physician, and further to consent to any X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by any dentist licensed under the provisions of the Dental Practice Act, or any State or Federal law pursuant to which persons are licensed to render dental services normally rendered by or under the supervision of a qualified and licensed dentist.

Signature of any one of the following is required:

Date _____ Mother _____ phone _____

Date _____ Father _____ phone _____

Date _____ Legal Guardian _____ phone _____