

# NEW YORK SCHOOL FOR THE DEAF

555 Knollwood Road, White Plains, New York 10603

Voice/TTY (914)949-7310 \* Fax 914-681-1308

## Permission to Treat Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_  
Health Insurance Name \_\_\_\_\_ Insurance Number \_\_\_\_\_  
Private Doctor's Name \_\_\_\_\_ Doctor's Number \_\_\_\_\_

I hereby give my permission for my child \_\_\_\_\_ to be taken to the Nurse's office at New York School for the Deaf, a nearby immediate medical care center or local hospital emergency room for observation or treatment in the event of an accident or illness. I also give my permission for any emergency surgical procedures which may be considered necessary by hospital authorities in the event I cannot be contacted.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Please provide us with the following information. Has your child experienced any of the following:

	Yes	No
1. <b>Allergies</b> (Please list all allergies)	_____	_____
A) _____	B) _____	
C) _____	D) _____	
2. Overnight hospitalization	_____	_____
3. Surgical Operation	_____	_____
4. Daily or frequent medication	_____	_____
Medication Name _____		How Often? _____
Medication Name _____		How Often? _____
5. Heart disease, murmur, chest pains or irregular heart beat	_____	_____
6. Seizures	_____	_____
7. Diabetes	_____	_____
8. Kidney disease or enlarged organs	_____	_____
9. Asthma, lung disease or difficulty breathing	_____	_____
10. Bleeding tendency or blood disease	_____	_____
11. Glasses or contact lenses	_____	_____
12. Loss of eye, kidney, testicle or other organ	_____	_____
13. Serious injury- broken bone or concussion	_____	_____
14. Loss of consciousness, fainting	_____	_____
15. Frequent headache	_____	_____
16. Impaired use of arm or leg	_____	_____
17. Consulted physician during past 6 months	_____	_____
18. Know any reason why this student should not participate in sports	_____	_____