



**This consent form is necessary for teachers to take on field trips.**  
Emergency Treatment Consent Form  
Billings Christian Schools  
2018 - 2019

**Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name of Parent(s):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Allergies, including to medication and food:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Chronic medical conditions/diseases:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medication(s) student is taking & dosage:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**ID/Policy #/Member/Subscriber Name:** \_\_\_\_\_

**Contact Info:** \_\_\_\_\_

**I hereby authorize Billings Christian School to arrange for necessary medical and surgical care in the event of an accident or illness on field trips and other off-campus school activities, if I am not immediately available. I also agree to accept responsibility for the cost of the medical services stated above.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date