



7. CONSENT FOR MEDICAL TREATMENT (SMR1)

I, as the parent/guardian of _____ give Charter School of Inquiry permission to provide routine medical assistance by health professionals in school and to seek appropriate medical attention for my child in the event of an accident or health related incident.

Parent/Guardian Signature: _____ Date: _____

INSURANCE INFORMATION	
Insurance Provider:	Member ID Number:
Primary Physician:	Telephone Number:
List all medications taken, if applicable (at home and at school)	
If your child has a health condition, please check any of the following that may apply and explain:	
Allergies: specify _____	
Bee Stings	
Swelling problems	
Breathing difficulty (Name of medication needed and dose)	
Other: _____	
Asthma Inhaler needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Convulsions or seizures	
Diabetes	
Heart condition	
Hearing problem Tubes in ears	
Speech problem	
Vision problem	
Wears glasses or contact lenses	
Any condition that might prevent your child from participating in P.E.?	
Other health concerns	

Does your child receive any of the following services:

- Special education (with an IEP)
- 504 Review services
- ESL services
- Other - specify _____

If yes, explain. _____

