

Exhibit G

Adams 12 Five Star Schools
MEDICAL EMERGENCY FORM

*To be used for trips overnight, and out of state and/or country. Parent to complete and sign form and return to sponsor or building administrator prior to trip.
This form MUST accompany sponsor on trip.*

I / we, _____, being the parent/legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his/her condition require this treatment in my absence. I/we understand that, in such case, reasonable attempts will be made to contact me/us, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated here (if none, so state):

My daughter/son has the following medical condition(s) which may require emergency care:

The District and its personnel cannot dispense medication without written direction from the child's (student's) physician stating the child's name, the name of the medication, the dosage and the period for which the medication is prescribed.

My daughter/son requires the following medication(s):

This authorization is for the time period beginning _____ and ending _____

Signature of Parent or Guardian

Date