

## **Sandy Spring Friends School Senior Project**

### **Medical Information and Consent Form**

**Parents: The following information is being collected to facilitate medical care for your son or daughter in the event of an emergency while they are participating in a Senior Project. This form, along with a copy of the Medical Information Form completed by you at the beginning of the year, will be given to your student's sponsor. Your student will return these forms to SSFS at the conclusion of their project.**

Student Name: \_\_\_\_\_

Parent or Legal Guardian #1 Name: \_\_\_\_\_

Parent or Legal Guardian #2 Name: \_\_\_\_\_

In the event of an emergency, I hereby authorize the adult ing my son or daughter, as an agent for me, to consent to x-ray examinations, medical, dental, or surgical diagnosis and treatment advised and supervised by a physician, surgeon or dentist licensed to practice in the applicable jurisdiction, either in the doctor's office or hospital. I expect to be contacted as soon as possible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian #2