**PARENT AUTHORIZATION**

**FOR EMERGENCY MEDICAL TREATMENT OF STUDENT**

As legal custodian of a Pajaro Valley High School student, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agents(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the **Pajaro Valley Unified School** **District,** its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all cost of paramedic/ambulance transportation, hospitalization and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

*Please initial the “Acknowledgement Signature Form” – “Parent Authorization for Medical Treatment”*