

Consent for Medical/Surgical Care/Emergency Treatment

We/I hereby give our (my) consent to: California Cadet Corps Staff

who will be caring for our (my) child: _____
(Name of Child)

for the period _____ to _____ to arrange for routine and/or emergency medical or dental care and treatment as is necessary in their professional judgment.

We/I voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized medical and paramedical staff or their designees, as may, in their professional judgment, be necessary.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Over-The Counter/Non-Prescription Medications

We further give our consent that the following over-the counter medications may be administered according to package directions by Cadet Corps adult staff members.

Cross out any medications not approved.

Acetaminophen (Tylenol) for fever or pain
Ibuprofen (Advil, Motrin) for fever or pain
Antibiotic or Neosporin antibiotic ointment to prevent infection
Hydrocortisone anti-inflammatory rash cream
Calamine/Caladryl for poison ivy itch relief
Antifungal creams and sprays for treatment of fungal rashes
Visine eye drops for dry, irritated eye relief
Benadryl for allergy symptoms
Claritin antihistamine for allergy symptoms
Antiacid (i.e. Tums, Maalox, Pepto Bismol, Gaviscon) for relief of stomach upset
Throat lozenges or cough drops
Anti-diarrheal medication

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____