April 19, 2024

Dear Parents:

As a result of a recent evaluation by a representative from the New York City Department of Health and Mental Hygiene Bureau, students are now mandated to have on file a copy of an Emergency Medical Treatment Consent form. This consent form will give EMT and the school permission to take your child to the hospital if we are unable to make contact with you.

Please complete and return to the main office.

		4. <sup>2</sup>
2	2024 - 2025	
CONSENT FOR EME (require	RGENCY MEDICAI ed by the Dept. of Health)	L TREATMENT
l do hereby give author necessary emergency the understanding that as possible.	medical treatment for	my child, with
STUDENT'S NAME		GRADE
STUDENT'S NAME PARENT'S SIGNATURE	DATE	GRADE
	DATE (OPTIONAL)	
STUDENT'S NAME PARENT'S SIGNATURE Subscribed and sworn to before me this	(OPTIONAL)	