



# SHE Forum Emergency Medical Consent

**Consent for emergency medical treatment.**

If any emergency situations, procedures or treatment are required during the SHE Forum, I consent to the supervisor(s) of the event arranging for, and consenting to the procedures or treatment in the supervisor's discretion. I understand school officials will use the contact information provided above to contact me in the event of such emergency.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

X \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
Signature of Parent or Guardian.