

**CUSD 201**  
**Emergency Treatment Sheet**  
**J.T. Manning Elementary**  
**2023-2024**

Student Name

Grade

I hereby give consent to the hospital emergency staff to treat my child in an emergency in the event I cannot be reached.

The emergency contact(s) we have on file is/are authorized to pick up my student from school and/or be informed if my student is being transported via ambulance.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date