

WESTERN RESERVE MIDDLE/HIGH SCHOOL EMERGENCY MEDICAL AUTHORIZATION

Student: _____ Date of Birth: _____ Grade: _____
 Parents/Guardian: _____ Home Phone: _____
 Address: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Part I or II must be completed and returned to school of attendance.

PART I – TO GRANT CONSENT

Emergency Contact	Contact Name/Place	Contact Phone Number
Mother/Guardian Daytime		
Father/Guardian Daytime		
Mother/Guardian Cell Phone		
Father/Guardian Cell Phone		
Childcare Provider		
Relative		
Emergency Contact		
Physician		
Dentist		
Hospital Preference		

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named physician/dentist, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Parent/Guardian Signature: _____ Date: _____

Do not complete PART II, if Part I completed PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Parent/Guardian Signature: _____ Date: _____

If my child is ill and I am unable to transport him/her, my child may be released to:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

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PART III – Emergency Closing/Evacuation

Situations may occur during the year that may result in school being closed or evacuated. In the event of such an emergency, it is not always possible to contact parents/guardians. Please indicate how your child is to get home in the event of any emergency closing or evacuation. In the event of an emergency closing/evacuation any notes written for bus changes for that day WILL NOT be honored because adults may not be present.

Student's Name: _____

Family Members at Western Reserve Schools

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

My child is to:

_____ Ride his/her regular bus

_____ My child is allowed to ride home with an older sibling.

_____ If an emergency contact listed in Part 1 can be reached, my child may go home with him/her.

_____ Other (please explain): _____

Permission to Photograph/Videotape Release to Utilize Within Media Presentations

I/We as the parent(s)/guardian(s) of: _____ Grade _____

_____ Do _____ Do Not grant permission for our child and their school work to be photographed and/or videotaped by Western Reserve School District. (i.e. Western Front, local newspapers, school publications. Etc.)

I further understand that if I grant permission, release of any such video and/or audio materials for use within media presentations and/or publications of products, printed or electronic, which may be distributed electronically or otherwise, for the purposes of publicizing programs administered by Western Reserve Local schools. I/We understand that my/our child's name, school and grade placement may be revealed within such presentations and/or products, but no grades or other evaluative measures of the work will be included. The undersigned holds harmless and releases the Western Reserve board of Education, its administration and its staff from any liability arising out of the media presentations.

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____