

**Emergency Medical Authorization / School Policy Form
Hardin-Houston Local School District
(Please sign and return to school)**

School Year

Teacher

Grade

Student

Address

Birthdate

Home Phone:

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.

Residential Parent or Guardian (Will be enrolled into OneCallNow):

Mother's Name _____ Ph _____

Father's Name _____ Ph _____

Students Phone Number

Additional Contact

Name _____ Ph _____

Name of Relative or Childcare Provider (Will not be enrolled into OneCallNow):

Name _____ Ph _____

Work Phone Numbers (Will not be enrolled into OneCallNow):

Mother's Work Phone

Father's Work Phone

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician

Phone

Dentist

Phone

Medical Specialist

Phone

Local Hospital

Phone

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 doctors, 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 Signature _____ Date _____

New Diabetic Diagnosis: Informed of 504 plan

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:

Date _____

Signature of Parent/Guardian :

PART III: MISC

FIELD TRIPS

I _____ (parent) give permission for my child _____ (name) to attend school-sponsored field trips throughout the school year. The school will notify parents of the date and place these field trips will occur.

Release of Photographs:

Do you authorize the release of photographs of your child to school publications, school web sites, and local newspapers covering student activities, sporting events, and other articles?

Please Check One: **Yes** **No**

School Policies:

I _____ (parent signature)

have read and understand the rules, policies, and regulations of Hardin-Houston Local School as stated in the student handbook including the acceptable use and internet safety policy for my child

_____ (student name).