BELLEFONTAINE CITY SCHOOLS – HIGH SCHOOL EMERGENCY MEDICAL AUTHORIZATION

Student's Name____ Student ID__________________ Grade_______
Last First Middle

Student's Home Address ____ Birth Date____________
House Number and Street City State

Has the above address changed from last school year? ☐ yes ☐ no Phone Number for School Messenger: ________________________

Home Phone ______________________ **Student's Cell Phone**:______________________

Purpose – To enable parents & 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.

The custodial/designated residential parent or legal guardian of this student is ____

Mother's Name ____ **Cell Phone** ______________________________

Mother's Home Address ____ **Work Phone**______________________________

____ Email ______________________________
City State Zip

Father's Name ____ **Cell Phone** ______________________________

Father's Home Address ____ **Work Phone** ______________________________

____ Email ______________________________
City State Zip

Relative or Childcare Provider ________________________________ Relationship to Child ________________________

Address ____ Phone ______________________________
City State Zip

PART I OR PART II MUST BE COMPLETED

Part I: To Grant Consent

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 the below named physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Physician ____ Phone ______________________________

Dentist ____ Phone ______________________________

Medical Specialist ____ Phone ______________________________

Hospital ____ Phone ______________________________

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.

____ ______________________________
Signature of Parent/Guardian (Mother) Date Signed

____ ______________________________
Signature of Parent/Guardian (Father) Date Signed

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:

____

____ ______________________________
Signature of Parent/Guardian (Mother) Date Signed

____ ______________________________
Signature of Parent/Guardian (Father) Date Signed

~OVER~

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

____

____

____

Administration of Tylenol

I hereby do ☐ /do not ☐ give my permission for 1____ or 2_____ Tylenol (acetaminophen) tablets to be administered to my child in accordance with the approved procedure.

______________________________________ ______________________
Signature of Parent/Guardian (Mother) **Date Signed**

______________________________________ ______________________
Signature of Parent/Guardian (Father) **Date Signed**

LUNCH HOUR PERMISSION – FOR SENIORS ONLY

As a parent/guardian, I hereby give the school my permission to release this student from the school grounds during his or her regularly scheduled lunch period. I understand that the school shall not be responsible for any injuries which might occur off school premises during the lunch period, and waive any claims against the school for such injuries. The permission shall remain in effect until I withdraw my permission.

PERMISSION TO ATTEND CAREER DAY – FOR SOPHOMORES ONLY

As a parent/guardian, I hereby give my permission for my son or daughter to attend CAREER DAY Activities at the Ohio Hi-Point Career Center in November.

______________________________________ ______________________
Signature of Parent/Guardian (Mother) **Date Signed**

______________________________________ ______________________
Signature of Parent/Guardian (Father) **Date Signed**

EARLY DISMISSAL/EMERGENCY PICK-UP

Please list the names and numbers of those we may contact in the event we are unable to reach you. We will ask for identification.

______________________________________ ______________________
Name **Phone**

______________________________________ ______________________
Name **Phone**

______________________________________ ______________________
Signature of Parent/Guardian (Mother) **Date Signed**

______________________________________ ______________________
Signature of Parent/Guardian (Father) **Date Signed**

Revised 05-2018