

MILLER CITY-NEW CLEVELAND EMERGENCY MEDICAL AUTHORIZATION

Student Name	Date of Birth	Grade	Teacher
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Address	Home Phone
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PURPOSE: To enable Parents/Guardians to authorize the provision of emergency treatment for children who become ill/injured while under school authority.

****Please put a 1 in the box next to the number that we should call first in case of an emergency. Please put a 2 in the box next to the box that we should call second in case we cannot reach someone at the first number. Add a 3 to the 3rd box, etc.**

<u>Contact Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____	Mother	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____	Father	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Parent Email: _____ Secondary Email: _____

Field Trip Permit

_____ has my permission to go with a school chaperoned group on field trips away from the school building.

Signature of Parent/Guardian Date

Publicity Permit/Class Roster

The Miller City-New Cleveland School has permission to use my child's name and photograph in any school related news release to local and area newspapers, the school's webpage, as well as Miller City-New Cleveland School Facebook page, and to make available, upon request, student directory information.

Signature of Parent/Guardian Date

Military Status

Please inform the school if at anytime this information changes.

Not a Military Parent/ Guardian

Active Duty—Parent/Guardian is a member of the Army, Navy, Air Force, Marine Corp or Coast Guard

National Guard—Parent/Guardian is a member of the National Guard (Army or Air)

Father/Guardian Name & Date

Not a Military Parent/ Guardian

Active Duty—Parent/Guardian is a member of the Army, Navy, Air Force, Marine Corp or Coast Guard

National Guard—Parent/Guardian is a member of the National Guard (Army or Air)

Mother/Guardian Name & Date

In order for us to plan for a safe and healthy school experience for your child, please check any of the following that currently apply to this student.

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Shunt |
| <input type="checkbox"/> Wears Prosthesis | <input type="checkbox"/> Wears a Hearing Aid | <input type="checkbox"/> Wears Corrective Lenses |
| <input type="checkbox"/> Has a brace, cast, or other supportive or assistive device | <input type="checkbox"/> Allergic Reactions (explain below) | |

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 _____
	<i>Emergency Room</i>

In the event reasonable attempt to contact me has 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.

The 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 impairment to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian _____

PART I: REFUSAL TO CONSENT

I do NOT give my consent for emergency 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