

Confidential

Grade _____

Height _____

Weight _____

CHARDON LOCAL SCHOOLS Emergency Medical Authorization

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached. PART I OR PART II must be completed.

PART I: CONSENT

Student Name: _____ School: _____

Address: _____ Phone Number: _____

Residential Parent/Guardian

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Other Authorized Contact: _____ Daytime Phone: _____

Name of relative or childcare provide: _____

Address: _____ Phone: _____ Relationship: _____

In the event reasonable attempts to contact me or those listed above are unsuccessful, I hereby give consent for the following medical care providers and local hospital to be called. I further authorize the administration of any treatment deemed necessary by the preferred doctors, or in the event the preferred practitioner is not available by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

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

Date: _____ Parent/Guardian Signature: _____

PART II: REFUSAL OF CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

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 no action), (to take the following action):

CHARDON LOCAL SCHOOLS- -FIELD TRIP FORM

Signed Release Form

I, _____, hereby authorize my son/daughter

(Parent's Name-Print)

_____ to participate in the field trip indicated below:

(Student's Name-Print)

Trip Description: _____

Trip Length/Date: _____

CHARDON LOCAL SCHOOLS

Emergency Medical Authorization

In the event reasonable attempts to contact me at _____

(Phone Number)

or other parent/guardian _____ at _____

(Phone Number)

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by a licensed physician or dentist;

2. The transfer of the child to any hospital reasonable accessible.

This authorization does not include major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery,

I understand that the children will get to the place of the field trip by _____

(Means of Transportation)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the field trip and I further release the Board of Education of the Chardon Local School District as an entity, its individual board members, the School District of Chardon Local District, its Superintendent, administrators and employees and volunteers from all claims, judgments, liability for any injury or damage due to the child's participation in the field trip, including all risks connected, therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

(Parent/Guardian)

(Date)

This form must be returned BEFORE student will be permitted to take the field trip.