

FRANKLIN LOCAL SCHOOL DISTRICT
EMERGENCY CARE AUTHORIZATION 20__ - 20__ SCHOOL YEAR
ORC 3313.712



SECTION I

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.

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

STUDENT'S LEGAL NAME (Last, First, Middle, "Nickname"): _____ Gender (M/F) _____

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS: _____

Please list any medication that this student needs to take at school: _____

Please note that a school medication form must be completed and signed by a physician before medicine may be dispensed at school.

HEALTH CONCERNS (Diabetes, Asthma, etc.) _____

PHYSICAL IMPAIRMENTS: _____

DATE OF LAST TETANUS BOOSTER (if known) _____

In the event reasonable attempts to contact me _____ at _____ or
 other parent _____ at _____

have been unsuccessful, I hereby give my consent for: (1) The administration of any treatment deemed necessary by the practitioner listed below. However, if the practitioner is not available, you may contact another licensed physician or dentist.

Preferred physician _____ at _____

Preferred dentist _____ at _____

Medical Specialist _____ at _____

(2) If necessary, transfer my child to _____ preferred hospital and phone number _____ or 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 before surgery is performed.

Signature of Legal Guardian _____ Date _____

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 OR TO _____

Signature of Legal Guardian _____ Date _____

SECTION II FRANKLIN LOCAL SCHOOL DISTRICT EMERGENCY INFORMATION

STUDENT NAME _____ SCHOOL _____

LAST FIRST MIDDLE GRADE/TEACHER _____

MAILING ADDRESS _____ BUS #/DRIVER _____

STREET ADDRESS _____ APT/LOT# _____ BIRTHDATE _____

CITY _____ COUNTY _____ ZIP _____

PHONE _____ IS THIS PHONE UNLISTED? YES _____ NO _____

Is the above address that of the custodial parent or guardian? _____ If not, please explain: _____

MOTHER'S NAME _____ HOME PHONE _____

ADDRESS _____

EMAIL ADDRESS _____ CELL PHONE _____

WORKPLACE _____ WORK PHONE _____

FATHER'S NAME _____ HOME PHONE _____

ADDRESS _____

EMAIL ADDRESS _____ CELL PHONE _____

WORKPLACE _____ WORK PHONE _____

Homeroom Teacher
Last Name
First Name

NAME OF LEGAL GUARDIAN _____

WITH WHOM DOES THIS CHILD RESIDE IF DIFFERENT THAN ABOVE? _____

NON-CUSTODIAL PARENT _____ MAY BE CONTACTED AT _____ IF I CANNOT BE REACHED.

PLEASE LIST ALL SIBLINGS RESIDING IN THE MAIN HOUSEHOLD WITH THIS STUDENT

Full name	Birth date	School	Grade
Full name	Birth date	School	Grade
Full name	Birth date	School	Grade

Early Release

Because the School is responsible for the safety and well being of all students, your child will be released prior to the end of the school day only to a parent or person authorized in writing by the parent to act in his/her behalf. For those high school students who will be driving themselves to appointments or home, only those people whose signatures are listed below will be allowed to authorize emergency releases. Persons picking up children must show identification to school staff upon request. Please have those you authorize sign below and return this form to your child's school.

I give permission for my child, _____ in grade _____ at _____ School, to be picked up from school by the person(s) listed below in my absence.

Person authorized to pick up child named above: <i>Printed name</i>	<i>Signature</i>	Phone: <i>Home #</i>	<i>Cell #</i>	Relationship: <i>(Friend, relative, neighbor, etc.)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

My child is to follow my instructions listed below if the school sends students home for unexpected early dismissal: (Please be specific)

Parent/Guardian Signature	Relationship (father, mother, etc.)	Date
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Publication

Permission **is** granted for my son's/daughter's picture publication (newspaper, TV, public relations efforts, district website, district newsletter, or other media).

Parent/Guardian Signature	Date
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Permission **is not** granted for my son's/daughter's picture publication (newspaper, TV, public relations efforts, district website, district newsletter, or other media).

Parent/Guardian Signature	Date
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Internet Access

Use of the Internet is included in academic and technology content standards and is provided to all Franklin Local students as a regular part of the educational process. However, the District recognizes the rights of parents in this matter. By signing this agreement, you indicate that you have received and read the District's Acceptable Use and Internet Safety Policy.

Permission **is** granted for my son/daughter to access the Internet as a regular part of the educational process.

Parent/Guardian Signature	Student Signature	Date
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Permission **is not** granted for my son/daughter to access the Internet as a regular part of the educational process.

Parent/Guardian Signature	Student Signature	Date
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Student Handbook

I acknowledge that I have read (available on the district's website at www.franklinlocalschools.org) and understand the school's student handbook including the code of conduct.

Parent/Guardian Signature	Student Signature	Date
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