

**BARBERTON CITY SCHOOLS
SCHOOL DISTRICT**

STUDENT NAME _____

ADDRESS _____

TELEPHONE _____

SCHOOL ATTENDED _____

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.

PART I OR II MUST BE COMPLETED

PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone number) or _____

Other parent or guardian at _____ (phone number) have been unsuccessful, I hereby give my consent for:

- (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist) 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 _____ (preferred hospital) 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 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: _____

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

ADDRESS _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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 no action or to: _____

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

ADDRESS _____

Due to the missing child act we are required to ask for more detailed emergency information to keep in a confidential file in our building. This is for your students safety in the event of an emergency or illness. Please complete everything that pertains to your family. If this information changes during the school year please notify the office as soon as possible.

Does the student live with both natural parents? _____

If divorced or separated, who has custody of this student? _____

Who does the student live with? _____

Name of Mother _____ Home Phone _____

Where employed _____ Work Phone _____

Name of Stepmother _____ Home Phone _____

Where employed _____ Work Phone _____

Name of Father _____ Home Phone _____

Where employed _____ Work Phone _____

Name of Stepfather _____ Home Phone _____

Where employed _____ Work Phone _____

Please list two (2) persons other than parents that can be contacted in the event that none of the above noted persons can be reached.
THIS IS EXTREMELY IMPORTANT

| Name | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list any other information that you feel might help the school in the event of an emergency concerning your child
