

CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION FORM

School _____
Grade _____
Homeroom _____

2019-2020

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____ Sex F ___ M ___

I have a PO Box # _____ Address _____ City _____ Zip _____

County of residence _____ Date of Birth _____

Phone # _____ for parent notification, school closing, and absence call out list.

RESIDENTIAL PARENT Primary residential parent that student lives with.

Name _____ Relationship to student _____ Marital Status M D S W

Home # _____ Cell # _____ Work# _____

Name _____ Relationship to student _____ Marital Status: M D S W

Home # _____ Cell # _____ Work# _____

EMERGENCY CONTACTS Person(s) you wish notified if parent/guardian cannot be reached or who may check your child out in case of early dismissal due to emergency, snow day, etc

Name	Relationship to student	Home#	Cell#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CUSTODY INFORMATION It is the residential/custodial parent's responsibility to supply the school with a copy of custody orders.

Does a court order exist concerning the custody of this student Yes No

If yes, who is the residential parent for school purposes Mother Father Joint other _____

SHARED PARENTING (Joint custody; Non Residential; Non-Custodial parent information)

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip Code _____

SIBLING INFORMATION List names of brother and sisters who attend school

Students Name	Grade	School they attend	Students Name	Grade	School they attend
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERMISSION FOR FIELD TRIP

During the course of the school year your child may have an opportunity to take a field trip. To ease the problem of forgotten or misplaced permission slips we are asking your permission in advance for trips taken during the school year. You will always be given notice as to the date, time, purpose, and destination of the trip.

Parent Signature _____ Date _____

STUDENT EDUCATION TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

I have read the Student Education Technology Agreement and have discussed the policies and guidelines with my child. To access and use the Districts internet at school, students under the age of 18 must have parent permission

Parent Signature _____ Date _____

Complete back of form

EMERGENCY MEDICAL HEALTH INFORMATION

Student Name _____

All conditions with an (*) asterisk will require additional forms to be completed by your doctor. This also applies to all students in sports and/or extracurricular activities. Please review handbook for medication policy.

Does this student have a medical condition? Yes No If yes; check all that apply below.

- *Asthma requiring EMERGENCY medication, i.e. inhaler or nebulizer
- *Bee Sting Allergy requiring EMERGENCY medications i.e. Epi Pen and/or Benadryl
- *Severe allergy requiring EMERGENCY medications i.e. Epi Pen and/or Benadryl
- *Seizure Disorder; Last seizure on _____ Explain below. Uses Diastat Yes No or Other _____
- *Diabetes Type I or Type II, Explain below
- Psychological/Behavioral - Explain & list medications below
- Activity limitation/restriction per doctor's order; Explain below
- ADD or ADHD list medications Explain below
- Respiratory illness (Other than asthma) Explain below
- High Blood Pressure - Medications Yes No
- Vision Wears Glasses Wears Contacts
- Allergy to the following medication(s); _____
- Other health related problems not listed above Explain below .

- Heart Condition – Explain below
- Restroom problems - Explain below
- Bowel/bladder - Explain below
- Physical disabilities -Explain below
- Pregnancy (requires medical confirmation)
- Hearing - Wears Hearing Aid Yes No

*Explain _____

All Prescribed Medications	Taken at Home	Taken at School	Dosage	How Often

IS STUDENT COVERED BY HEALTH INSURANCE? Yes No

Name of insurance: _____ Address _____

Members name _____ Relationship to student _____ Group # _____

Member ID _____ Phone _____

CONSENT FOR EMERGENCY TREATMENT

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 following health care providers, or if the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the student to any hospital reasonably accessible.

Physician _____ Telephone _____

Medical Specialist _____ Telephone _____

Dentist _____ Telephone _____

Local Hospital _____ Telephone _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, and 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 or chronic conditions to which a physician should be alerted, SEE ABOVE.

▪ Consent for Emergency Treatment Signature _____ Date _____

▪ **Refusal** for Emergency Treatment Signature _____ Date _____

If you refuse, list the procedure(s) you wish authorities to follow _____

