Bradford Exempted Village Schools

School Health Services: Phone: (937) 448-2811 Fax (937) 448-2742

Emergency Medical Authorization (5341 F1)

tudent's Name: _____ Date of Birth: _____ Grade: _____

ddress: _____ Home # _____

URPOSE: to enable parents and guardians to authorize the provision of emergency treatment of children who become ill or injured while under school authority, when parents or uardians cannot be reached. **MAKE SURE TO # IN ORDER how you would like us to call your contact list** otherwise we will start at the top and go down the list.

rder **EMERGENCY PHONE NUMBERS:**

___ Mother's Name _____ Cell # _____

___ Mother's daytime place of work: _____ Number (ext.) _____

___ Father's Name _____ Cell # _____

___ Father's daytime place of work: _____ Number (ext.) _____

___ Relative: Name: _____ Relationship _____ Number(s) _____

___ Other: Name: _____ Relationship _____ Number(s) _____

IMPORTANT MEDICAL INFORMATION: DO NOT LEAVE BLANK

LLERGIES: No or Yes, LIST: _____ **REACTION:** _____ **EPI PEN: No or Yes**

If a **FOOD Allergy what food items MUST be AVOIDED:** _____

****If a FOOD ALLERGY, the school MUST have MEDICAL DOCUMENTATION of the ALLERGY & any SUBSTITUTIONS, BEFORE substitutions can be made.**

STHMA: No or Yes LIST TRIGGERS: _____ **INHALER : No or Yes NEBULIZER: No or Yes**

IABETES: No or Yes DATE DIAGNOSED: _____ **MANAGEMENT: Injections or Insulin Pump**

EIZURES: No or Yes LAST SEIZURE: _____ **TRIGGERS:** _____ **DIASTAT: No or Yes VNS: No or Yes**

ADHD: No or Yes ADHD Medication: Med Name _____ **Dose** _____ **Time Given** _____

/ISION ISSUES (circle): Nearsighted Farsighted Astigmatism Lazy Eye Legally Blind Other: _____

)oes your child wear (circle): Glasses Contacts HEARING ISSUES: No or Yes If Yes List _____ **HEARING AID: No or Yes**

)THER MEDICAL CONDITIONS: No or Yes, LIST: _____

****PRESCRIPTION Medications to be given at school, MUST have a Doctor Order & Medication must be in original container & brought in by an ADULT, BEFORE School Personnel can administer the medication****

PART I OR PART II MUST BE COMPLETED

PART I: To Grant Consent

Physician: _____ Phone: _____ / Dentist: _____ Phone: _____

Hospital: _____ **ER #:** _____ / Specialist: _____ Phone: _____

In the event reasonable attempts to contact me at the numbers above have been unsuccessful, I HEREBY GIVE MY CONSENT FOR (1) administration of any treatment deemed necessary by above physician or above 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 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.

Signature of Parent/Guardian: _____ Date: _____

PART II: Refusal to 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 OR TO** _____

_____

Signature of Parent/Guardian: _____ Date: _____ 4/2017

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM

FIELD TRIP PERMISSION FORM

Dear Parents,

In an effort to streamline our paperwork and perhaps make it easier for you, we are asking you to sign a permission form for school field trips which will remain in effect for this entire school year. These field trips will always have school bus transportation if outside the town of Bradford.

Examples of field trips would be:

- Yearly field trips per classroom
- Darke County Center of the Arts performances within Darke County
- 5th grade Brukner Nature Center Outdoor Education Days

We will always make an effort to inform you of field trips in advance. Thanks for assisting us in using our classroom time more effectively.

Sincerely,

Mrs. Michelle Lavey
Elementary Principal

Child's Name _____

Homeroom Teacher _____

Grade _____

I give my permission for my child to attend field trips sponsored by Bradford Elementary School this school year.

_____ _____

Parent/Guardian Signature Date

Parent's E-Mail Address _____