

# Bradford Exempted Village Schools

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

## Emergency Medical Authorization (5341 F1)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Home # \_\_\_\_\_

PURPOSE: 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 guardians 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.

Order

### 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

ALLERGIES: 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.

ASTHMA: No or Yes LIST TRIGGERS: \_\_\_\_\_ INHALER : No or Yes NEBULIZER: No or Yes

DIABETES: No or Yes DATE DIAGNOSED: \_\_\_\_\_ MANAGEMENT: Injections or Insulin Pump

SEIZURES: 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 \_\_\_\_\_

VISION ISSUES (circle): Nearsighted Farsighted Astigmatism Lazy Eye Legally Blind Other: \_\_\_\_\_

Does your child wear (circle): Glasses Contacts HEARING ISSUES: No or Yes If Yes List \_\_\_\_\_ HEARING AID: No or Yes

OTHER 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

# BRADFORD HIGH SCHOOL

## PARENT PERMISSION FORM 2018-2019

I hereby grant permission for my son/daughter \_\_\_\_\_  
to attend **any event/school function** sponsored by the **Bradford Exempted  
Village School District** during the 2018-2019 school year.

I will not hold the school, the organization, its teachers or advisors, or the adults  
driving to the event responsible in case of accident.

Daytime phone: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Parent Email: \_\_\_\_\_