

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for their child who becomes ill or is injured while under authority of the Northwest Local School District when a parent/guardian cannot be reached.

BUILDING: ☐ Elementary School (PS-5) ☐ Middle School (6-8) ☐ High School (9-12) ☐ Other:

TEACHER/HOMEROOM:

GRADE: ☐ PS ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

STUDENT NAME:

Date Of Birth:

Address:

Telephone:

RESIDENTIAL (CUSTODIAL) PARENT(S)/GUARDIAN(S):

Mother:

Daytime Phone:

Cell Phone:

Father:

Daytime Phone:

Cell Phone:

Other:

Daytime Phone:

Cell Phone:

Name of Relative or Childcare Provider:

Relationship:

Address:

Daytime Phone:

Cell Phone:

I hereby give consent for the following medical care provider(s) and/or local hospital to be called:

Doctor:

Telephone:

Dentist:

Telephone:

Medical Specialist:

Telephone:

Local Hospital:

Telephone:

➤➤➤➤ **PART I or PART II MUST BE COMPLETED** <<<<<

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at telephone #'s above or other parent/guardian at telephone #'s above have been unsuccessful, I/we hereby give my/our consent for: (1) the administration of any treatment deemed necessary by preferred physician, Dr. _____, or preferred dentist, Dr. _____, OR, in the event the preferred physician/dentist is not available, I/We give my/our consent for my/our child to be treated by another licensed physician or dentist; AND (2) I/We give my/our consent for my/our child to be transferred to local hospital, _____ or any other hospital reasonably accessible. *This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentists concur regarding the necessity for such surgery.*

Please list any facts concerning your child's medical history (including, but not limited to: allergies, medications being taken, and any physical impairments) to which a physician should be alerted before treatment is determined:

◆ I understand that for my/our child's protection, any potential life threatening condition will be shared with appropriate school personnel with a need to know.

☒ SIGNATURE OF PARENT/GUARDIAN:

Date:

☒ SIGNATURE OF PARENT/GUARDIAN:

Date:

Address:

PART II: REFUSAL TO CONSENT

[DO NOT COMPLETE if you completed PART I]

I/We **DO NOT** give my/our permission for emergency medical treatment for my/our child. In the event of illness or injury requiring emergency treatment, I /We wish the school authorities to: *[Please check one]*

☐ TAKE NO ACTION. ☐ DO THE FOLLOWING: (Please be specific with your instructions.)

☒ SIGNATURE OF PARENT/GUARDIAN:

Date:

☒ SIGNATURE OF PARENT/GUARDIAN:

Date:

Address:

Please list any additional persons to whom the school may release your child. **PLEASE NOTE: It is your responsibility to notify the school, in writing, if any information provided on this form changes.**

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Please complete reverse side of this page →

PART III: CONNECTIVITY AND DEVICE ACCESS

1. Do you have internet access from home? *(If no, you do not need to answer questions 2 and 3)*

☐ YES ☐ NO

2. If yes, is your internet provided through cable, DSL or other?

☐ YES ☐ NO

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➤➤ OR ⏪⏩

3. If yes, is your internet provided through a cellular hotspot or phone?

☐ YES ☐ NO

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PART IV: MILITARY-CONNECTED STUDENT

1. Student is a dependent of a member of the Active Duty Force (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard or is a dependent of a member on Full-Time National Guard Duty?

☐ YES ☐ NO

2. Student is a dependent of a member of the National Guard (not full-time duty) or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

☐ YES ☐ NO

➤➤ OR ⏪⏩

3. Does the student have an immediate family member(s) such as grandparent, aunt, uncle and/or sibling currently serving in the United States military?

☐ YES ☐ NO

If yes, please provide the relationship to the student:

Northwest Local School District is committed to supporting military-connected students and their families. We are proud to serve military-connected students to ensure they receive the support they need to excel academically regardless of where duty calls their families.