

EMERGENCY MEDICAL AUTHORIZATION

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 cannot be reached.

Please check if address or phone number has changed _____

Student Name: _____ School: _____

Address: _____ Home Phone: _____

Residential Parent or Guardian:

Mother/Guardian Name: _____ Work Phone: _____ Cell: _____

Father/Guardian Name: _____ Work Phone: _____ Cell: _____

The school may contact the following close friend or relative in case of emergency and parents cannot be reached. Permission to release my child from school is granted to those listed below.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PART I OR II MUST BE COMPLETED

Part I (To Grant Consent)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ Emergency Room Phone: _____

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 above named provider, 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 before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted: _____

DATE

SIGNATURE OF PARENT/GUARDIAN

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 the following action:

DATE

SIGNATURE OF PARENT/GUARDIAN

VERIFICATION OF RESIDENTIAL PARENT AND LEGAL CUSTODIAN

The Cleveland Heights-University Heights Board of Education believes that the involvement of parents is important in the educational and social development of children. To this end, the Board of Education has established a policy which provides for school contact with non residential parents.

Date: _____

Student Name: _____ School: _____ Grade: _____

Student Social Security Number: _____ Birthdate: _____

Residential Parent Information

Name: _____

Address: _____

Phone Number: Home _____ Work _____ Cell _____

Non Residential Parent Information

Name: _____

Address: _____

Phone Number: Home _____ Work _____ Cell _____

Shared Parenting Agreement

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

HomePhone: _____ Work: _____ Cell: _____

ANSWER QUESTIONS 1 AND 2

1. Is there a court order that the non residential parent should **not** receive school information? Yes No
2. Is there a court order that **denies** the non residential parent access to the child? Yes No

If the answer to question 1 or 2 is yes, attach a copy of the pages of the court order with the sections about visitation rights and contacts with the school and the page showing the date it was filed with the court.

If there is no court order denying the non residential parent school information, then a Non Residential Parent Request for Information form will be forwarded to the **non residential parent for completion and return to the Department of Pupil Services at the Board of Education.**

In the future, if a court issues an order denying a non residential parent school information and/or access to a child, please **inform the school immediately and provide a copy of the relevant pages of the court order.**