

FRANKLIN LOCAL SCHOOL DISTRICT
EMERGENCY CARE AUTHORIZATION 2018 - 2019 SCHOOL YEAR
ORC 3313.712



SECTION I: 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 or guardians cannot be reached.

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

STUDENT'S LEGAL NAME _____
LAST FIRST MIDDLE "NICKNAME"
 KNOWN ALLERGIES: _____ Gender (M/F) _____
 CURRENT MEDICATIONS: _____
 Please list any medication that this student needs to take at school: _____
Please note that a school medication form must be completed and signed by a physician before medicine may be dispensed at school.
 HEALTH CONCERNS (Diabetes, Asthma, or etc.) _____
 PHYSICAL IMPAIRMENTS: _____
 DATE OF LAST TETANUS BOOSTER (if known) _____

In the event reasonable attempts to contact me _____ at _____ or
 other parent _____ at _____
 have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the practitioner listed below. However, if the practitioner is not available, you may contact another licensed physician or dentist.

Preferred physician _____ at _____
 Preferred dentist _____ at _____
 Medical Specialist _____ at _____

(2) If necessary, transfer my child to _____ or any hospital reasonably accessible.
preferred hospital and phone number

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 surgery is performed.

Signature of Legal Guardian _____ Date _____

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 Legal Guardian _____ Date _____

SECTION II: FRANKLIN LOCAL SCHOOL DISTRICT EMERGENCY INFORMATION

STUDENT'S MAILING ADDRESS _____ BUS # _____
 STREET ADDRESS _____ APT/LOT# _____ BIRTHDATE _____
 CITY _____ COUNTY _____ ZIP _____
 PHONE _____ IS THIS PHONE UNLISTED? YES _____ NO _____
 Is the above address that of the custodial parent or guardian? _____ If not, please explain: _____

MOTHER'S NAME _____ HOME PHONE _____
 ADDRESS _____
 EMAIL ADDRESS _____ CELL PHONE _____
 WORKPLACE _____ WORK PHONE _____
 Currently in the Military Yes _____ No _____

FATHER'S NAME _____ HOME PHONE _____
 ADDRESS _____
 EMAIL ADDRESS _____ CELL PHONE _____
 WORKPLACE _____ WORK PHONE _____
 Currently in the Military Yes _____ No _____

Home Room Teacher
 Last Name
 First Name

NAME OF LEGAL GUARDIAN _____
 WITH WHOM DOES THIS CHILD RESIDE IF DIFFERENT THAN ABOVE? _____
 NON-CUSTODIAL PARENT _____ MAY BE CONTACTED AT _____
 IF I CANNOT BE REACHED.

SECTION III:
PLEASE LIST ALL SIBLINGS RESIDING IN THE MAIN HOUSEHOLD WITH THIS STUDENT

Full name	Birth date	School	Grade
Full name	Birth date	School	Grade
Full name	Birth date	School	Grade

Early Release

Your child will be released prior to the end of the school day only to a parent or person authorized in writing by the parent to act in his/her behalf. For those high school students who will be driving themselves to appointments or home, only those people whose signatures are listed below will be allowed to authorize emergency releases. Persons picking up children must show identification to school staff upon request. Please have those you authorize sign below and return this form to your child's school.

Person authorized to pick up child named above:	Phone:	Relationship:
<i>Printed name</i> _____	<i>Home #</i> _____	<i>(Friend, relative, neighbor, etc.)</i> _____
<i>Signature</i> _____	<i>Cell #</i> _____	_____
_____	_____	_____
_____	_____	_____

My child is to follow my instructions listed below if the school sends students home for unexpected early dismissal: (Please be specific)

_____	_____	_____
Parent/Guardian Signature	Relationship (father, mother, etc.)	Date

SECTION IV: Publication

Permission **is** granted for my son's/daughter's picture publication (newspaper, TV, public relations efforts, district website, district newsletter, directory information*, or other media).

_____	_____
Parent/Guardian Signature	Date

Permission **is not** granted for my son's/daughter's picture publication (newspaper, TV, public relations efforts, district website, district newsletter, directory information*, or other media).

_____	_____
Parent/Guardian Signature	Date

* Directory information includes but is not limited to, a pupil's name, address, telephone listing, date of birth, major field of study, dates of attendance, grade level, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, date of graduation, graduate's picture and name, degrees, honors and awards received, the most recent educational agency or institution attended, and any other information that would not generally be considered harmful or an invasion of privacy.

SECTION V: Internet Access

Use of the Internet is included in academic and technology content standards and is provided to all Franklin Local students as a regular part of the educational process. However, the District recognizes the rights of parents in this matter. By signing this agreement, you indicate that you have received and read the District's Acceptable Use and Internet Safety Policy.

Permission **is** granted for my son/daughter to access the Internet as a regular part of the educational process.

_____	_____	_____
Parent/Guardian Signature	Student Signature	Date

Permission **is not** granted for my son/daughter to access the Internet as a regular part of the educational process.

_____	_____	_____
Parent/Guardian Signature	Student Signature	Date

SECTION VI: Student Handbook

I acknowledge that I have read (available on the district's website at www.franklinlocalschools.org) and understand the school's student handbook including the code of conduct.

_____	_____	_____
Parent/Guardian Signature	Student Signature	Date