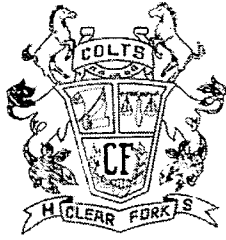


CLEAR FORK VALLEY LOCAL SCHOOLS EMERGENCY MEDICAL FORM

Please complete in ink - No felt tip marker - Press firmly



Student Name _____
Building _____ Grade _____ Bus # _____
Social Security # _____ Birth date _____
Address _____
First contact number _____ Second contact number _____

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.

Residential Parent or Guardian

Mother _____ Daytime Phone _____
Father _____ Daytime Phone _____
Other _____ Daytime Phone _____

Relative or Child-Care Provider _____ Daytime Phone _____
Address _____

PART I - TO GRANT CONSENT

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

Doctor or Clinic _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital/Emergency Room Phone: MedCentral 419-526-8000 or Knox Community Hospital 740-393-9000 (circle one)
Other _____

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 doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my 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 surgery.

FACTS CONCERNING MY CHILD'S MEDICAL HISTORY, including allergies, asthma, diabetes, medications being taken, and any medical/physical need to which the school/coach and a physician should be alerted: _____

Parent/Guardian Signature _____ Date _____
Address _____

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 actions: _____

Parent/Guardian Signature _____ Date _____
Address _____

PART III - Field Trip Permission Form

School Year _____

I hereby consent to allow my son/ daughter, _____ to participate in any field trip or school-related activity during the present school year.

It is understood that this initial permission slip will serve for school-related trips throughout the school year.

Parent/Guardian Signature _____ Date _____