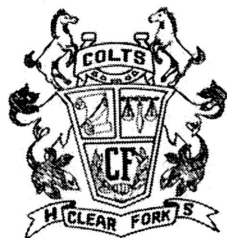


CLEAR FORK VALLEY LOCAL SCHOOLS EMERGENCY MEDICAL FORM

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 _____

Medication Usage/Handbook Contract

Sometimes at band activities headache, abdominal pain, heartburn, bee stings, hay fever, other allergies, etc., make students uncomfortable. The band does stock a first aid kit and we are willing to help out, but parental permission is absolutely essential. Please take a moment to review the list of medications we commonly have available, indicate whether or not your child is permitted to take them if need be, and provide your initials. Individual initials are needed for each medication.

Medication	Yes (check)	No (check)	Initials
Tylenol			
Motrin (Ibuprofen)			
Aspirin			
Pepto Bismol			
Roloids/Tums/Maalox			
Benadryl			
Robitussin			
Gold Bond Medicated Power			
Band Aid Itch Relief Spray			
Imodium AD (diarrhea)			
Aloe Vera Sun Burn Medication			

I _____ (parent) have read the above list and indicated which medications, if any are to be made available to my student: _____. I understand that these medications are offered as a courtesy. My student and I are responsible for choosing to take advantage of them. My student will not be allowed to take medication of any kind without providing this express written consent.

Signed: _____ (Parent) Date: _____

Note 1: If you wish to provide an over the counter medication for your student that is not on the above list, you need to submit a note indicating permission and give the medication to Mr. Brasure for safe keeping. At no time is a student to be in possession of any medication.

Note 2: All prescription medications must be listed on emergency medical forms and, with the exception of asthma inhalers, are to be given to Mr. Brasure for safekeeping. Asthma inhalers must be registered through the school nurse in order to be carried.

Handbook Contract:

I have read and agree to the policies contained in this handbook and the uniform policies I have reviewed in this packet. I understand that members of the band are responsible for their actions and that all school rules apply at all times at band activities.

Signatures

Student: _____ Parent/Guardian: _____ Date: _____

Always Mail Band Forms and Checks To:

*Clear Fork Music Boosters
C/O Clear Fork Valley HS
987 St. Rt. 97 East
Bellville, OH 44813*

DO NOT TURN IN ANY FORMS OR PAYEMENTS FROM THIS PACKET TO THE BAND ROOM.