EMERGENCY AUTHORIZATION FORM

The purpose of this form is to authorize the provision of emergency medical treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Please **PRINT** relevant information

STUDENT NAME _____

DATE OF BIRTH _____ **GRADE** _____

HOME ADDRESS _____

PHONE (H) _____

PRIMARY EMAIL
Please indicate if there are any changes in the above information from the previous school year   ☐Yes   ☐No

RESIDENTIAL PARENT/GUARDIAN INFORMATION:
(If custodial parent, please check box)

☐ Mother's Name _____   Employer   _____

Home Phone   _____   Cell Phone   _____
(If different from above)

Work Phone   _____   Pager No.   _____

Email   _____

☐ Father's Name _____   Employer   _____

Home Phone   _____   Cell Phone   _____
(If different from above)

Work Phone   _____   Pager No.   _____

Email   _____

Guardian's Name _____   Employer   _____

Home Phone   _____   Cell Phone   _____
(If different from above)

Work Phone   _____   Pager No.   _____

Email   _____

IN CASE OF AN EMERGENCY, AND A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

Contact #1 Name _____   Relationship   _____

Home Phone   _____   Cell Phone   _____

Work Phone   _____   Pager No.   _____

Contact #2 Name _____   Relationship   _____

Home Phone   _____   Cell Phone   _____

Work Phone   _____   Pager No.   _____

Signature of Parent/Guardian _____ Date _____

SEE REVERSE SIDE→

This form is available as a fillable pdf at rrcs.org

PLEASE COMPLETE PART I *OR* PART II

PART I – TO GRANT CONSENT
I hereby give consent for the following medical care providers and local hospital to be called in an emergency:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Hospital _____ Phone _____

In the event that reasonable attempts to contact me have been unsuccessful, I grant my consent for;
   (1) The administration of any treatment deemed necessary by above-named physician, or, in the event the designated preferred practitioner is not available, by another licensed medical practitioner; and
   (2) The transfer of the child to any reasonable accessible hospital.

This authorization does not cover major surgery unless the medical opinions of the two other licensed physicians or dentists, concurring in the necessity of the surgery, are obtained prior to the performance of such surgery.

Please indicate any facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

PART II – REFUSAL TO CONSENT *(do not complete Part II of you completed Part I)*
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 take no action or to:

Signature of Parent/Guardian _____ Date _____

SIGNATURE SECTION

In an effort to eliminate the need for completing the variety of forms usually collected at the beginning of the school year, the following signature section has been created. Please check YES or NO for each item below:

___YES ___NO I authorize the district to publish in print or post on the web any photos, video or audio of my child or my child's work as, during the year, the district often uses photography, video or audio to illustrate student projects, events, accomplishments, and activities.

___YES ___NO I grant permission for my child to use school Internet/email according to the guidelines adopted by the Rocky River Board of Education.

___YES ___NO I grant permission for my child's name, address and phone number to be listed in the PTA Directory.

___YES ___NO We have Internet access in our home.

___YES ___NO *(for Kensington students only)* Sometimes a teacher will take his/her class to Rocky River Park (located on Beachcliff Blvd. and Falmouth Dr.) for a supervised learning activity. I grant permission for my child to walk from Kensington to Rocky River Park with his/her class and teacher.

___YES ___NO *(for Middle School students only)* Sometimes a teacher will take his/her class to the Public Library (located immediately next to the school) or to Rocky River High School for a supervised learning activity. I grant permission for my child to walk from RRMS to the Public Library or High School with his/her class and teacher.

Signature of Parent/Guardian _____ Date _____

Signature of Student   _____ Date _____

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