

EMERGENCY MEDICAL AUTHORIZATION

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers:

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Specialist: _____

Phone: _____

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:

Signature of Parent/Guardian _____ Date _____

Address _____

City / State / Zip _____

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 the above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist. (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 prior to the performance of such surgery.

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

Signature of Parent/Guardian: _____ Date: _____

Address _____ City / State _____ Zip _____

STUDENT MEDICAL HISTORY

LIST ALL MEDICAL CONDITIONS

LIST ALL MEDICINE ALLERGIES

LIST ALL MEDICINES TAKEN DAILY

LIST FOOD OR ENVIRONMENTAL ALLERGIES

LIST ALL VISION OR HEARING PROBLEMS

TREATMENTS FOR ABOVE ALLERGIES

Does this student wear glasses or contacts? _____

Date of most recent tetanus immunization _____
(We request that tetanus be current)

Other comments or concerns about this student's health of which the school should be aware?

RETURN COMPLETED FORM TO CAREER TECHNICAL TEACHER BY END OF FIRST WEEK

STUDENT INFORMATION

Student Name	Address	Home Telephone
Grade	C-T Program	Date of Birth
Father	Address	Daytime Phone/Cellular/Pager
Mother	Address	Daytime Phone/Cellular/Pager
Legal Guardian (if different from parents)	Address	Daytime Phone/Cellular/Pager
E-mail Address: _____		
Student resides with:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian	<i>Please furnish a copy of any child custody papers or divorce decree for guardianship concerns</i>
Custodial parent:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian	
In case of emergency and neither parent can be reached, the school should contact:		
Name	Relationship to Student	Daytime Phone/Cellular/Pager

AUDIO-VISUAL RELEASE FORM

This release will permit my student to participate in programs, which I understand will be produced and recorded on Lebanon Cable Channel 6 as well as public informational materials such as the district and school publications.

I agree that, insofar as I am concerned, these programs/publications may be edited as desired and used in whole or in part for cable informational purposes. I consent to publications of the program transcripts in whole or in part after cable and also consent to use of name, likeness, voice and biographical materials about my student in connection with program publicity and for institutional promotional purposes. I expressly release the producer from any privacy, defamation or other claims I may have arising out of cable, exhibition, publication or promotion of this program.

My signature indicates that I am the parent/guardian of the student named on this form and agree to the terms of the policy above.

Parent Signature: _____ Date: _____

FIELD TRIP PERMISSION

I give my student permission to attend all field trips associated with Warren County Career Center for this school year. This includes field trips with classes, bus trips, extracurricular trips, etc. I understand most trips are taken on district owned vehicles driven by staff members. **ALL SCHOOL RULES AND POLICIES ARE IN EFFECT ON EVERY FIELD TRIP.**

Please check those for which you are granting permission:

School bus or other district owned vehicle driven by and adult

Student's statement: I agree I will follow all school rules while on any trip, and will follow all directions given by the chaperones.

Student Signature: _____ Date: _____

Parent's Statement: I agree with all the above field trip information and I understand that the Board of Education, the School Administrators, advisors, teachers, etc., assumes no liability for the trip(s).

Parent Signature: _____ Date: _____

RETURNED COMPLETED FORM TO CAREER TECHNICAL TEACHER BY THE END OF THE FIRST WEEK