

Gahanna-Jefferson Public Schools – High School - Emergency Medical Authorization

Required by Section 3313.712 of the Ohio Revised Code

Student Information:

Last Name: _____ First Name: _____ Nickname: _____

Student Address: _____

Birth Date: _____ Gender: M / F Grade: _____ Homeroom Teacher: _____

Parent or Legal Guardian Information:

Name: _____ Relationship to student: _____ Daytime phone: _____ Cell phone: _____

Name: _____ Relationship to student: _____ Daytime phone: _____ Cell phone: _____

Physical or Medical Conditions: (examples-asthma, seizures, developmental/cognitive/emotional disorder)

Allergies: _____

Type of reaction: _____

Treatment: _____

Current Medications: include dose and frequency (at home and school)

Please list any exclusions of service for EMS/hospital personnel (i.e. no blood or blood products):

MEDICAL AUTHORIZATION- Complete only Part I or Part II

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.

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

Part I - To Grant Consent

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 doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (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.

(Consent) Parent/Guardian Signature: _____ Date: _____

If you completed and signed Part I to grant consent do not complete Part II

Part II - Refusal to Grant 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: _____

(No Consent) Parent/Guardian Signature: _____ Date: _____

Gahanna-Jefferson Public Schools –High School - Yearly Authorization Form

Student Last Name: _____ Student First Name: _____

In addition to guardians and emergency contacts listed in the e-School system, my child may also be released to the following neighbors, friends or relatives (may include older siblings):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Additional Consent and Agreements:

| <i>I agree</i> | <i>I do not agree</i> | <i>Please read the following information and initial each line in the appropriate box to indicate consent/agreement or indicate that you are not giving consent/agreement.</i> |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Parent Acknowledgement of the Handbook: I am aware that the Gahanna-Jefferson Public Schools Parent/Student Handbook is available on the district website under Lincoln High School forms. I acknowledge that it is my responsibility to review it with my child in order to understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, student network agreement, and policies of the district. |
| <input type="checkbox"/> | <input type="checkbox"/> | Media Release: As parent/guardian, I grant permission for photographs, audio, video or quoted statements of my underage-child to be used for the purpose of news stories with newspapers or media. This release also gives Gahanna-Jefferson Public Schools the right to use photographs, audio, video or quoted statements of underage children to portray examples of educational experiences for publications, publicity materials, Internet sites and other media developed by Gahanna-Jefferson Public Schools. Finally, I allow my underage-child's pseudonym to be used to identify his/her work if posted online. |
| <input type="checkbox"/> | <input type="checkbox"/> | PTO/PTA Family Directory: I authorize the Gahanna-Jefferson Public Schools to release my contact information, which includes: student name, guardian name, phone number and email for the sole purpose of a PTO/PTA family directory and electronic communications from the PTO/PTA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Records Requests: The district receives public records requests from outside entities for student directory information. Directory information can include name, birth date, place of birth, telephone and address from the district database. I am giving consent for this information to be released if such public records requests are made. |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Records Requests: (Juniors and Seniors Only) The GLHS Guidance Department receives requests from the military to release student information for the purpose of recruitment. Information requested included student name and address. I am giving consent for this information to be forwarded to the military for recruitment purposes. Grade Level 2011-2012 school year: 11 th 12 th (please circle) |

Parent/Guardian Signature: _____ Date: _____

Signature indicates you have read and initialed the above statements.