

Valley Local School District

Contact Information, Field Trip & Emergency Medical Authorization

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. This form also provides to school officials important contact information for emergency and non-emergency situations where contact is deemed necessary.

Building: Elementary (PS-4) Middle School (5-8) High School (9-12) **Teacher/Homeroom:** _____

Grade Level: PS K 1 2 3 4 5 6 7 8 9 10 11 12

Student Name: _____ **Student Cell:** _____

Street Address: _____ **P.O. Box** _____

City: _____ **Zip:** _____ **Home Telephone:** _____

Check if address has changed from the beginning of the last school year.

Is the student a dependent of a parent/ legal guardian who is an active member of any Active Duty Force or National Guard? Yes / No (Please check appropriate box)

Army Navy Air Force Marines Coast Guard Army National Guard Air National Guard

Person(s) with whom the student resides: Both Parents Mother Father Guardian

Parent(s)/Guardian to contact: (In order of contact)

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian E-mail (print) _____ @ _____

Below should include the names of other relatives, childcare providers, or neighbors to contact if the above cannot be reached. Please list in order of contact.

<u>Name of Contact</u>	<u>Relationship</u>	<u>Telephone and/or Cell</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

****It is important to update the school of any changes in phone numbers, addresses and contacts throughout the year****

Please list this child's brothers and/or sisters in school at Valley:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

➡ ➡ ➡ **Reverse side must also be completed** ➡ ➡ ➡

Emergency Medical Authorization

PART I: TO GRANT CONSENT

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

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Medical Specialist: _____ Telephone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration for any treatment deemed necessary by above named doctors or medical practitioners, or, in the event the designated preferred practitioner is not available, by another licensed physical 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.

Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician/athletic trainer should be alerted are as follows:

Signature of Parent/Guardian _____ Date _____

Print name of Parent/Guardian _____

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:

Signature of Parent/Guardian _____ Date _____

Print name of Parent/Guardian _____

Field Trip Permission Form

Various activities, under the general heading of field trips are planned to enrich school curriculum and usually take place during normal school hours. Some examples are: sports/academic competitions or awards, community activities or visits to historical and scientific places of interest. If my child is a discipline problem, participation may be denied. My child and I understand that this is a part of the regular school day and the school dress code and code of conduct will be enforced. Your child should be advised that permission to leave school to participate in field trips will not be granted without completion of this form and the Emergency Medical Authorization completed. I understand that if at any time my child or I decide not to participate in a field trip that I may telephone the school and send a note requesting that my child not participate. You will be notified about any field trips before the day of the activity.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____