Bus #_____
☐ Walker
☐ Car Passenger
☐ Car Driver

Millcreek-West Unity Local School
EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____
(please print) *Last* *First* *MI*

School Year _____ Grade _____ Date of Birth_____
Students Physical Address _____
Students Mailing Address _____
Town and Zip _____

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 information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

EMERGENCY CONTRACTS: Please list names in the order they should be contacted if parents cannot be reached.

Check box if Residential Parent	Name/Relationship	Home Phone	Cell Phone	Name of Employer & Work Phone Check box if we may contact you at work
Parent ☐				☐
Parent ☐				☐
Em. Contact #1				☐
Em. Contact #2				☐

Parent E-Mail Address: _____

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical Information:
Medications & Allergies:
Siblings and Grade Levels:

PART 1 OR PART 2 MUST BE COMPLETED

Part 1: TO GRANT CONSENT

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

Doctor_____ Phone _____
Dentist_____ Phone _____
Local Hospital/Emergency Room _____

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 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 options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

_____
Signature of parent/guardian Date

Part 2: 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

over

EARLY RELEASE FORM

Because the school is responsible for the safety and well-being of your child, she/he will be released prior to the end of the school day, only to a parent or a person authorized in writing by the parent whose signature appears below. Please provide the name for each person who is authorized to take your child from school prior to the end of the school day.

AUTHORIZED NAME (Please Print)	RELATIONSHIP (Friend, relative, neighbor, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

The persons listed above may authorize the release of my child from school.

_____ _____

Parent Signature(s) Date

PARENT PERMISSION FOR THE DISTRICT TO COMMUNICATE ABOUT A STUDENT WITH THE PARENT VIA E-MAIL and/or POWER SCHOOL ANNOUNCEMENTS

Students Name _____ DOB _____ Grade _____

Parent's Name _____

Parents E-Mail _____

Additional E-Mail _____

I give my permission for staff members from the Millcreek-West Unity School District to communicate with me, concerning the above identified students, via e-mail and/or facsimile at the e-mail address and/or facsimile number provided above. I understand that the District is unable to guarantee the confidentiality of any information sent using e-mail or facsimile during the transmission of the message/fax. I further agree that I am the only one with access to the e-mail account and/or facsimile number listed above, and that if other individuals have access to the e-mail address and/or facsimile number listed above, that I hereby release the District from any responsibility and liability for any disclosure of student personally identifiable information to anyone who accesses the e-mail address and/or facsimile number listed above. I further acknowledge it is my responsibility to notify the District of any changes in the e-mail address and facsimile number listed above. Finally, I agree to promptly respond to any "test" e-mail message sent from the District to my e-mail address to confirm that the address provided has been properly inputted into the District's/staff member's address book.

_____

Parent's Signature

This permission form is for the _____ school year. It will remain valid until the District receives written direction from the parent to the contrary, or the present school year ends, whichever occurs first.

SCHOOL SPONSORED PUBLICATIONS AND PRODUCTIONS

☐ YES: You have my permission to use picture(s) of my child for publication on any school related documentation.

☐ NO: You do NOT have my permission to use picture(s) of my child for publication on any school related documentation.

_____

Parent's Signature

Revised 5/16/2018