

## Western Reserve Elementary

Dear Parent/Guardian

State law requires all Ohio public schools to offer parents or guardians the opportunity to complete an Emergency Medical authorization form on each of their children in the public schools for emergency hospital treatment for illness or injury, in cases where the parent or guardian cannot be contacted for approval of such emergency treatment.

Please complete Part I of the Emergency Medical Authorization form for each of your children if you would like this information on file at the schools. Complete Part II if you do not want emergency treatment permission on file.

Please return one form for each child to the school to which he/she is assigned by the first day of school.

### ORC Section 3313.712

(A) Annually the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent or legal guardian, either as part of any registration form which is in use in the district or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent or legal guardian, authorities of the school in which the pupil is enrolled may permit the parent or legal guardian to make changes in a previously filed form, or to file a new form.

If a parent or legal guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent or legal guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent or legal guardian before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows:  
(See reverse side)

Western Reserve Elementary has revised the Emergency Medical Authorization and Emergency Closing forms. It is very important that we be able to contact you or a relative in case your child becomes ill or injured.

*Please Print*

**Western Reserve Elementary  
Emergency Medical Authorization  
2020-2021**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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.

**Part I – To Grant Consent**

**Emergency Contacts**

**Please list contacts that can come when your child needs to leave school.**

Legal Guardian is: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (Name) \_\_\_\_\_  
Parents are: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_  
Email Address \_\_\_\_\_

Emergency Contact (Non Parent) \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_

Emergency Contact (Non Parent) \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

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 physician/dentist, 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.

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

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

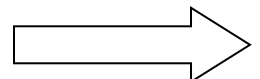
**Do not complete Part II, if Part I is completed**

**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:

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please Fill Out Info On Reverse Side***



## Permission to go to the Middle School/High School

During the course of the school year, students may have opportunities to go to the Middle School/High School or other school grounds. Examples include but are not limited to performing, watching performances and distance learning classes. Students may also use outdoor facilities. Since the Middle School/High School is part of the Western Reserve campus, a permission slip for travel to the Middle School/High School will give permission throughout the course of the current school year. Please sign the following permission slip and return to the classroom teacher.

\_\_\_\_\_ has permission to walk to the Western Reserve Middle School/High School or school grounds whenever necessary during the **2020-2021** school year. I understand that my child will always be supervised by an adult.

*Parent/Guardian Signature:* \_\_\_\_\_ *Date* \_\_\_\_\_

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## Receipt of Student/Parent Handbook

Please see Western Reserve web site / [www.western-reserve.org](http://www.western-reserve.org)  
Copies will be printed upon request.

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## Emergency Closing/Evacuation

Situations may occur during the year that may result in school being closed or evacuated. In the event of such an emergency it is not always possible to contact parents/guardians. Please indicate how your child is to get home in the event of an emergency closing or evacuation. In the event of an emergency closing/evacuation any notes written for bus changes for that day will **NOT** be honored because adults may not be present. *Current car riders will be expected to be picked up in a timely manner after notification.*

Students Name: \_\_\_\_\_

Siblings at Western Reserve Elementary

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My Child is to:

\_\_\_\_\_ Ride his/her regular bus home

\_\_\_\_\_ My child is allowed to ride home with an older sibling

\_\_\_\_\_ If an emergency contact listed in Part I can be reached, my child may go home with him/her

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## Permission to Photograph/Videotape Release to Utilize Within Media Presentations

I/We as the Parent(s)/Guardian(s) of: \_\_\_\_\_ Grade \_\_\_\_\_

DO \_\_\_\_\_ DO NOT \_\_\_\_\_ grant permission for our child and their school work to be photographed and/or videotaped by Western Reserve School District. (*i.e. Western Front, Local Newspapers, School Yearbook, School Web Site, Class Photograph, Class Group Photograph, etc.*)

I further understand that if I grant permission, release of any such video and/or audio materials for use within media presentations and/or publications of products, printed or electronic, which may be distributed electronically or otherwise, for the purposes of publicizing programs administered by Western Reserve Local Schools. I/We understand that my/our child's name, school and grade placement may be revealed within such presentations and/or products, but no grades or other evaluative measures of the work will be included. The undersigned holds harmless and releases the Western Reserve Board of Education, its Administration and its staff from any liability arising out of the media presentations.

\_\_\_\_\_  
*Name of Parent/Guardian (please print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*