



Administrative Offices
137 Clough Street
Bowling Green OH 43402

Teacher _____
(PS/Elementary Office Use Only)

Emergency Medical Authorization Bowling Green City Schools

This form must be turned in annually.



Student Name (Please Print: Last, First, MI)

School

Grade

Address: _____

Home Phone Number: _____

Siblings Name(s) and Grade(s):

Birthdate: _____

1. _____

Sex Assigned at Birth: Male Female

2. _____

Student Identifies as: Male Female Other _____

3. _____

If your address has changed from the previous school year, please provide a copy of the lease or deed in an envelope attached to this form.

Parent Status at Time of Birth: Married Divorced Separated Unmarried

Custody is with: Natural/Adoptive Mother Natural/Adoptive Father Both Legal Guardian(s)

Parent/Guardian Name(s): _____

(If custody has changed please provide a copy of the court papers.)

Parent(s)/Guardian(s) Email Address: _____

Medical Conditions

Please list to include facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

The PURPOSE of this EMERGENCY MEDICAL CONSENT is 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/guardians cannot be reached.

↓ 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: _____

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 _____ (hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

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 medical treatment, I wish the school authorities to take no action or to:

Signature of Parent/Guardian: _____

Date: _____

Permanent Field Trip Permission: My child has my permission to attend all field trips during the present school year in Bowling Green City Schools. Written notice including all details of each field trip will be sent home with your child.

➔ **Signature of Parent/Guardian:** _____

CONTACT INFORMATION

Student Name: _____

Parent/Guardian: _____ **Relationship to Student:** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Employer: _____ Work Phone: _____
Use as Emergency Contact? YES NO Can this person pick up student from school? YES NO
Does student live with this person? YES NO Does this person have custody of student? YES NO
Is this person the student's legal guardian? YES NO

Parent/Guardian: _____ **Relationship to Student:** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Employer: _____ Work Phone: _____
Use as Emergency Contact? YES NO Can this person pick up student from school? YES NO
Does student live with this person? YES NO Does this person have custody of student? YES NO
Is this person the student's legal guardian? YES NO

Other: _____ **Relationship to Student:** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Employer: _____ Work Phone: _____
Use as Emergency Contact? YES NO Can this person pick up student from school? YES NO
Does student live with this person? YES NO Does this person have custody of student? YES NO
Is this person the student's legal guardian? YES NO

Other: _____ **Relationship to Student:** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Employer: _____ Work Phone: _____
Use as Emergency Contact? YES NO Can this person pick up student from school? YES NO
Does student live with this person? YES NO Does this person have custody of student? YES NO
Is this person the student's legal guardian? YES NO

Other: _____ **Relationship to Student:** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Employer: _____ Work Phone: _____
Use as Emergency Contact? YES NO Can this person pick up student from school? YES NO
Does student live with this person? YES NO Does this person have custody of student? YES NO
Is this person the student's legal guardian? YES NO

PRESCHOOL STUDENTS ARE REQUIRED TO HAVE ALL 5 CONTACTS