Wapakoneta City Schools

EMERGENCY PROCEDURE FORM & INTERNET ACCESS FORM

2014-15

Student Name: _____ Date of Birth: _____ Gender: M F Grade: _____ Teacher: _____

Address: _____ One Call Now Phone Number: _____

Email address (for school information and teacher contact) _____

Relationship	Name	Address	Employer	Primary Phone	Secondary Phone
Mother					
Father					
Stepmother					
Stepfather					
Guardian					

Child lives with: ☐Both parents ☐Mother only ☐Father only ☐Mother/Stepfather ☐Father/Stepmother ☐Guardian

Is there a court custody order for this student? _____ If so, who has custody? _____ (Custody papers must be on file in the main office.)

[Office Use Only: ☐ Custody Papers on File]

PLEASE LIST THE NAMES OF ALL OTHER CHILDREN IN THE FAMILY:

Name	Age	Grade	Date of Birth

<u>INCLUDING YOURSELF</u> AS PARENT/GUARDIAN, PLEASE LIST THE NAMES OF FIVE ADULTS WHO YOU WOULD PREFER FOR US TO CALL IN CASE OF AN ILLNESS OR EMERGENCY. THESE PEOPLE SHOULD BE AVAILABLE TO ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED. PLEASE LIST IN THE ORDER YOU WOULD LIKE CONTACT MADE:

	Name	Relationship	Home Phone	Work Phone	Cell Phone
1st					
2nd					
3rd					
4th					
5th					

_____ _____

STUDENT SIGNATURE PARENT/GUARDIAN SIGNATURE

(Both signatures above indicate receipt of student handbook)

<u>PLEASE SEE OTHER SIDE</u>

In order to help us plan for a safe and healthy school experience for your child, please check any of the following that currently apply to this student:

_____Asthma If checked, please select of the following:
☐Mild ☐Moderate ☐Severe

_____Bleeding disorder (PLEASE EXPLAIN BELOW)
_____Epilepsy or Seizures (CIRCLE ONE and PLEASE EXPLAIN BELOW)
_____Has a cast, brace or other supportive or assistive device
_____Heart condition (PLEASE EXPLAIN BELOW)
_____Life threatening allergies (anaphylaxis) (PLEASE EXPLAIN BELOW)
_____Medication during the school day
(Required forms available in office. Refer to district policy)
_____Central line (Hickman, Groshong, etc) (PLEASE EXPLAIN BELOW)

_____Diabetes
_____Pregnancy
_____Shunt
_____Wears a hearing aid
_____Wears corrective lenses (glasses or contacts)
_____Wears prosthesis
_____ Other(PLEASE EXPLAIN BELOW)

****If there is further information to which we need to be made aware, please contact the school nurse at 419/739-5000.**
The space below is provided for you to list any additional information concerning your child's health or medical conditions of which the school staff should be aware:_____

_____

EMERGENCY MEDICAL AUTHORIZATION **Note:* **PART I *OR* PART II must be completed**

PART I: TO GRANT CONSENT FOR MEDICAL TREATMENT

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

DOCTOR_____ PHONE_(_____)_____

DENTIST_____ PHONE_(_____)_____

MEDICAL SPECIALIST_____ PHONE_(_____)_____

LOCAL HOSPITAL_____ PHONE_(_____)_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentist, concurring for such surgery, are obtained prior to the performance of such surgery.

DATE _____/_____/_____ SIGNATURE OF PARENT/GUARDIAN_____

PART II: REFUSAL TO CONSENT TO ANY MEDICAL TREATMENT

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____

DATE _____/_____/_____ SIGNATURE OF PARENT/GUARDIAN_____

INTERNET ACCESS CONSENT and PERMISSION FOR PICTURES AND/OR INTERVIEWS

I give permission for my child to access the Internet and acknowledge that the child is responsible for appropriate usage, as listed in the Student Handbook and on the District website: www.wapak.org

- Signature acknowledges receipt of student handbook and all policies outlined there within
- Signature gives permission for the child to be (Please check all that apply.)
  - ☐ interviewed by newspaper personnel,
  - ☐have pictures or video taken for the newspaper class projects and
  - ☐have pictures or video taken for the school website/social media

  with administration permission and scrutiny.

Signature of Parent/Guardian_____
(If *not* signed, student will be denied Internet access as well as having *no* pictures or interviews by newspaper personnel.)