

AVON LAKE CITY SCHOOLS – EMERGENCY MEDICAL AUTHORIZATION FORM

(Please type or print all information)

Student Name _____

School (check one) Troy _____

Eastview _____ Westview _____

Erievew _____ Learwood _____

Redwood _____ ALHS _____

Please check here if the following address or phone number is different than last year

Address _____

_____ Zip _____

Telephone _____ Grade _____

Age _____ Birthday _____ Approximate Ht. _____ Approximate Wt. _____

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 cannot be reached.

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative/Child Care Provider _____ Relationship _____

Address _____ Daytime Phone _____

_____ Zip _____

PLEASE COMPLETE EITHER PART I OR PART II

PART I: TO GRANT CONSENT

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

Physician _____ 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 for (1) the administration of any treatment deemed necessary by above named doctors, 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:

Date _____ Signature of Parent/Guardian _____

Address _____ Zip _____

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:

Date _____ Signature of Parent/Guardian _____

Address _____ Zip _____



SCHOOL BUS SAFETY RULES

Whether a student rides back and forth to school or rides the school bus on an occasional field trip, it is important to know the bus safety rules. Parents and students should review these rules together and sign the form below in the spaces provided.

BE COURTEOUS, TREAT THE DRIVER AND ALL OTHER STUDENTS WITH RESPECT

USE NO PROFANE LANGUAGE

DO NOT CHEW GUM, EAT, OR DRINK ON THE BUS*

COOPERATE WITH THE DRIVER

DO NOT SMOKE: SMOKING IS PROHIBITED IN ALL SCHOOL FACILITIES INCLUDING BUSES

REMAIN SEATED WHEN THE BUS IS IN MOTION

KEEP HANDS, HEAD, AND FEET INSIDE THE BUS

DO NOT TAMPER WITH ANY BUS EQUIPMENT

ALWAYS SIT IN YOUR ASSIGNED SEAT; THERE ARE NO EXCEPTIONS TO THIS RULE

GUESTS MAY RIDE ONLY IN EMERGENCY SITUATIONS AND THEN ONLY AFTER RECEIVING PERMISSION FROM THE BUILDING PRINCIPAL

DO NOT BRING LARGE SCHOOL PROJECTS OR PETS ON THE BUS

WEAPONS OF ANY NATURE ARE NOT TO BE BROUGHT TO ANY SCHOOL BUILDING

*There may be situations on field or athletic trips where food may be consumed on the bus with the driver's permission and only when the bus is stopped.

SAFETY SIGNALS

When students get on or off the bus and must cross a street, the driver's hand will be on the window to indicate caution. When the hand is lowered, the student may advance, look both ways, and cross the street. The driver will blow the horn to indicate danger.

IMPORTANT NOTE

Failure to obey the bus rules will result in a referral to the building principal. Disciplinary action may take the form of loss of transportation privileges.

Student's Signature

Parent's Signature

Date