

AVON LAKE CITY SCHOOLS – EMERGENCY MEDICAL AUTHORIZATION

Please PRINT or TYPE all information

Date \_\_\_/\_\_\_/\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_



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

Address \_\_\_\_\_  
\_\_\_\_\_

School (check one) Eastview \_\_\_  
Erievuew \_\_\_ Redwood \_\_\_ Westview \_\_\_  
Troy \_\_\_ Learwood \_\_\_ ALHS \_\_\_

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.

**PLEASE LIST CURRENT PHONE NUMBERS; PREVIOUS NUMBERS WILL BE DELETED.**

Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Additional Contact Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Name of Relative/Child Care Provider \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

PLEASE COMPLETE **EITHER** PART I **OR** PART II

**PART I: TO GRANT CONSENT** -- I hereby GIVE consent for the following medical care providers and hospitals 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.

Please list any facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted. **Please contact nursing staff for all health conditions that will require attention by school personnel.**

\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**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 \_\_\_\_\_

Student's Last Name \_\_\_\_\_

# AVON LAKE CITY SCHOOLS - 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 rules together and sign the form below in the spaces provided.

1. Pupils must arrive at the bus stop before the bus is scheduled to arrive (5 minutes early).
2. Pupils must wait in a location clear of traffic and away from the bus stop - driver's designated place of safety.
3. Behavior at the school bus stop must not threaten life, limb or property of any individual.
4. Pupils must go directly to an assigned seat so the bus may safely resume motion. They must sit in a position that will provide maximum protection by the barrier.
5. Pupils must remain seated keeping aisles and exits clear.
6. Pupils must observe classroom conduct and obey the driver promptly and treat the driver and all other students respectfully.
7. Pupils must not use profane language.
8. Pupils must refrain from eating, drinking and chewing gum on the bus. \*
9. Pupils must not use tobacco in school facilities, including on the bus.
10. Pupils must not throw or pass objects on, from, or into the bus.
11. Pupils may carry, on the bus, only objects that can be held in their laps. Do not bring large school projects or pets on the bus.
12. Pupils must leave or board the bus at the location they have been assigned. Parental and administrative authorization is required to do otherwise.
13. Guests may ride only in emergency situations, and then only after receiving permission from the building principal.
14. Weapons of any nature are not to be brought to any school building or function; nor are they permitted on the school bus.
15. Pupils must not put head or arms out the of the bus windows.
16. There should be a parent of the student at the stop both before and after school.

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

## SAFTEY SIGNALS

When students get on or off the bus and must cross a street, the driver's hand will give the crossing signal by slowly dropping their hand straight down when it is safe to cross. Students should ALWAYS check traffic on their own before crossing. If the driver blows the bus horn, that means **DANGER!** Check traffic again - if student sees no danger he/she should look back at the driver for further instructions.

## 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 \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_