

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

AUTHORIZATION FORM

Please Print

Student: _____ Grade: _____ Teacher: _____

Address: _____ Phone # _____

Mother: _____ Work # _____ Cell # _____

Father: _____ Work # _____ Cell # _____

Parent/Guardian E-Mail: _____

Other Emergency Contact: _____ Relationship: _____ Phone # _____

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

Physician: _____ Phone # _____

Dentist: _____ Phone # _____

In the even reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to 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 dentist, 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:

Signature of Parent/Guardian: _____ Date: _____

Photography / Publication Release

We request permission for your child to be photographed or video taped by school staff or local news organizations during the current school year. Their picture may be used in newspaper articles, television stories, brochures, and other promotional products.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Field Trip Permission

My child has permission to accompany his/her class on school-sponsored field trips. I will be notified in advance when and where these trips will be. I also give my permission for them to ride the bus to any location in the district for school related activities, assemblies, etc.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Internet / E-Mail Access Permission

I have read and signed the Internet/E-Mail Access consent form in this enrollment packet.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Student Handbook Acknowledgement

I have read the contents of the Student Handbook available on the Hamilton Local Schools web site. www.hamiltonrangers.org

_____ YES, I have read the contents of the Student Handbook.

*Paper copies are available in the school office upon request.

Signature of Parent/Guardian: _____ Date: _____