

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.

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