

Hamilton Local Schools Authorization Form

Student: _____ Grade: _____ Teacher: _____
Address: _____ Phone #: _____
Mother: _____ Work #: _____ Cell #: _____
Father: _____ Work#: _____ Cell#: _____
Parents/Guardian's E-Mail Address: _____
Other Emergency Contact: _____ Ph#: _____

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

Physician: _____ Phone #: _____
Dentist: _____ 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 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 medial 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: _____

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 to ride the bus to any location in the district for school related activities, assembly, 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.

Handbook/Agenda Book Acknowledgment

I have received and read the Handbook/ Agenda book.

- YES, I have .
 NO, I have not.