

Brady Public Schools
Student Verification/Emergency Medical Authorization Form

STUDENT AND GUARDIAN INFORMATION

Student Information		Current Record		
Student Name (Grade Level)				
Home Address				
Mailing Address				
Guardianship	Living With			
Date of Birth	Gender			
Home Phone				
Guardian Information		Current Record		
Guardian #1	Name			
	Address			
	Home Phone			
	Work Phone			
	Employer			
	Cell Phone			
	EMail			
	Relationship	Can Pick Up?		
	Emer Contact?	Call Priority		
Guardian #2	Name			
	Address			
	Home Phone			
	Work Phone			
	Employer			
	Cell Phone			
	EMail			
	Relationship	Can Pick Up?		
	Emer Contact?	Call Priority		

Guardian Information		Current Record		
Guardian #3	Name			
	Address			
	Home Phone			
	Work Phone	Ext:		
Guardian #3	Employer			
	Cell Phone			
	EMail			
	Relationship	Can Pick Up?		
	Emer Contact?			
	Name			
	Address			
Home Phone				
Work Phone	Ext:			
Employer				
Cell Phone				
EMail				
Relationship	Can Pick Up?			
Emer Contact?	Call Priority			

OTHER EMERGENCY CONTACTS - Part 1 (not listed as guardians)

Contact Information		Current Record	
Contact #1	Name	Call Priority	
	Relationship	Can Pick Up?	
	Home Phone		
	Work Phone	Ext:	
	Cell Phone		
	Email		
Contact #2	Name	Call Priority	
	Relationship	Can Pick Up?	
	Home Phone		
	Work Phone	Ext:	
	Cell Phone		
	Email		

Medical Information	Current Record
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Preferred Hospital _____

Doctor Name / Phone _____ / _____

Dentist Name / Phone _____

Special Medical Considerations _____

Medical Alerts _____

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Student's Name _____ School _____ Grade _____

EMERGENCY MEDICAL AUTHORIZATION - ONLY INITIAL ONE LINE

_____ **INITIAL TO GRANT CONSENT** - I hereby give consent for the medical care providers and local hospital to be called. 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 those doctors, or, in the event the designated preferred practitioner is not available, by any other 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.

_____ **INITIAL TO REFUSE CONSENT** - I do not give my consent for emergency medical treatment for my child named above. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

PERMISSION TO CONTACT USING EMAIL

I give consent (or do not give consent) to communicate with district staff (ie. teachers, counselors, administrators) via email. I understand that my email address will remain confidential and will be not given out or used for any other purposes other than for district and/or school-related information.

_____ has my permission _____ does not have my permission

PERMISSION TO DISPLAY PHOTOGRAPHS, AUDIO, VIDEO, ELECTRONIC IMAGES, ARTWORK AND/OR STORIES

I give consent (or do not give consent) for photographs, audio, video or electronic images of my student; original written materials, artwork, or other work created by my child during the course of instruction; as well as quoted statements by my child to be used by the district for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media such as the Internet, television, CD-ROM, or DVD, and social media sites. I understand that my student's full name may also be used with such display.

_____ has my permission _____ does not have my permission

PERMISSION FOR INTERNET / INTRANET / NETWORK USE

I give consent (or do not give consent) for my student to utilize the internet. I understand that my child must follow all of the guidelines and policies of the district or privileges will be revoked. Full details can be found on the Student AUP form or in your building office.

_____ has my permission _____ does not have my permission

PERMANENT FIELD TRIP PERMISSION

My student, named above, has my permission (or does not have my permission) to attend all field trips during the present school year in the Brady Public Schools. Written notice, including all details of each field trip, will be sent home with your child prior to each field trip.

_____ has my permission _____ does not have my permission

Sign: _____ Date _____