

Bellevue City Schools
EMERGENCY MEDICAL AUTHORIZATION AND CONTACT INFORMATION
(Ohio Revised Code 3313-712)

Student's Name _____ D.O.B. _____ Gr. _____ Homeroom Teacher _____

Student's Address _____ Parent Email _____

Currently living with _____ Mother-Custodial Y/N _____ Father-Custodial Y/N Other _____

Is parent or legal guardian an ACTIVE member of Armed Forces or National Guard-- No Yes

If yes, select appropriate box:

Active Duty Forces-Army, Navy, Air Force, Marine Corps or Coast Guard

National Guard or Air National Guard

If Active Duty Forces or National Guard, what is relationship to student: Father Mother Legal Guardian

PURPOSE: To enable parents and guardians to be notified of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. This information will be shared as necessary with teachers, bus driver, administrative staff, health personnel including student nurses, and other school personnel. Emergency contacts must live within driving distance of Bellevue.

CONTACT INFORMATION

Mother/Legal Guardian	Father/Legal Guardian	1 st Emergency call after parents
Name	Name	Name & Relationship:
Address	Address	Address
Primary #	Primary #	Primary #
Employer Name & #	Employer Name & #	Employer Name & #
2 nd Emergency call after parents	SCHOOL MESSENGER PHONE CALLS	
Name & Relationship	Bellevue City Schools generates automated phone calls for school closings, school events and general information. School closings or delay calls can be as early as 5:00 a.m. All phone numbers listed below will receive school delay/closing information and urgent messages. Phone #1 will also receive general announcements; i.e. negative lunch balance, school fee balance, special messages and reminders. Only one number in each box below	
Primary #		
Address		
Employer Name & #		
	1st Phone # ➔ (emergency and general announcements-do not list student cell #'s first)	
	2nd Phone # ➔	
	Texting Phone # ➔	

Provide ANY pertinent medical history including allergies, medications being taken and any physical impairments that may affect your child at school:

PART 1 or 2 MUST BE COMPLETED

PART 1 TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Local Hospital/Emergency Room _____

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 each surgery.

Signature of Parent/Guardian _____ Date _____

PART 2 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:

Signature of Parent/Guardian _____ Date _____

Health Insurance Portability and Accountability Act (HIPAA)

Family Education Rights and Privacy Act (FERPA)

Any and all personally identifiable information regarding children and families receiving Bellevue City School District Individual Education Plan (I.E.P.) services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to child's records and contains complaints and appeal procedures which apply to disputes over records in possession of Bellevue City School District providers among other provisions.

Bellevue City School District