



Mr. Michael Chaffee, Jr./Sr. High School Principal  
Mrs. Cyndi Tomassetti, Elementary Principal

Newbury Local Schools  
14775 Auburn Road, Newbury, Ohio 44065

## Permission and Release Form

This form is the umbrella permission slip that must be filled out prior to school beginning. Before each individual field trip, teachers will have a separate individual form that will have specific information that will be distributed. Please complete **ONE** per child.

Name of Student: \_\_\_\_\_

### FIELD TRIP PERMISSION:

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

By my signature below I give my permission for the child listed above to go on school or classroom trips that are a worthwhile addition to the academic program or extra-curricular program of the school. **Information will be distributed prior to each field trip.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPH AND VIDEOTAPE RELEASE:

Pursuant to Board Policy 7540 F4, we recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the District or coalition of districts.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Form 5341 must be filled out prior to field trips. It is attached to this form.

5341 F1

**EMERGENCY MEDICAL AUTHORIZATION**

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

**Student resides with** (circle all that apply) Mother Father Stepparent Guardian Other: \_\_\_\_\_

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd):

\_\_\_\_ Mother: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Father: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Stepparent: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Guardian: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Relative or alternate (i.e., child care provider), if applicable: Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

**COMPLETE ONLY ONE OF THE FOLLOWING: I. Consent for Treatment OR II. Refusal to Consent**

**I. CONSENT FOR TREATMENT: II. REFUSAL TO CONSENT:**

I hereby give consent for the following medical I do **NOT** give my consent for emergency medical care providers and local hospital to be called: treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school

*Preferred Physician:* \_\_\_\_\_ authorities to take the following action:

Office #: \_\_\_\_\_

*Preferred Dentist:* \_\_\_\_\_

Office #: \_\_\_\_\_

*Medical Specialist:* \_\_\_\_\_

Office #: \_\_\_\_\_

*Preferred Hospital:* \_\_\_\_\_ Parent/Guardian

ER #: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**AND** Date: \_\_\_\_\_

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 the preferred doctor indicated, 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 such surgery.

**MEDICAL HISTORY:** Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_