



**EMERGENCY CONTACTS
AUTHORIZATIONS & CONSENTS**

The purpose of this form is to enable parents/guardians to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when parents or guardians cannot be reached.

Student Name _____ Date of Birth _____ Grade _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Primary Parent(s)/Guardian(s) will always be contacted first in the event of an illness/emergency. Please list in order how **additional** contacts are to be made when we are unable to reach parent/guardian.

ADDITIONAL CONTACT # 1

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

ADDITIONAL CONTACT # 2

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

ADDITIONAL CONTACT # 3

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

ADDITIONAL CONTACT # 4

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

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

Preferred Hospital _____

Doctor _____

Phone _____

Dentist _____

Phone _____

**Vandalia-Butler City Schools
AUTHORIZATION & CONSENTS**

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. This information may be shared with school personnel if it is pertinent to my child's health and safety, educational progress, and/or behavioral management plan.

_____ **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 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

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 Vandalia-Butler City 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

STUDENT HANDBOOK AND CODE OF CONDUCT AGREEMENT

The Student Handbook & Code of Conduct can be found on the District's Website at www.vbcasd.com

Please read and discuss the student handbook with your child. Place special emphasis on: Student Code of Conduct; Co-Curricular Rules of conduct: Internet Acceptable Use Policy; Early Dismissal Procedures; Student Absence; Medicine *If a hard copy is desired, please contact your child's school main office.

_____ **I have read and discussed the material in the student handbook and code of conduct with my son/daughter.**

Parent/Guardian Signature: _____ Date