

**Springfield Local School District
Emergency Medical Authorization**

High School & Junior High

Student Name _____

Address _____

Telephone _____

Residential Parent or GuardianMother living with family? Yes No

Mother _____

Father _____

Other Name _____

Relative or Child Care Provider _____

Address _____

Father living with family? Yes No

Daytime Telephone _____

Daytime Telephone _____

Daytime Telephone _____

Daytime Telephone _____

Relationship _____

PURPOSE – To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED**PART I: (To Grant Consent)**I **hereby give consent** for the following medical care providers and local hospital to be called:

Doctor _____

Telephone _____

Dentist _____

Telephone _____

Medical Specialist _____

Telephone _____

Local Hospital _____

Telephone _____

In the event reasonable attempts to contact me at _____ (tel. #) or _____ (other parent) at _____ (tel. #) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by preferred doctor or preferred dentist, 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 preferred hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. List below facts concerning the **child's medical history including allergies, medications being taken, asthma, diabetes, epilepsy and any physical impairments to which a physician should be alerted:**

Date

Signature of Parent

Address

City

Zip

******DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I********PART II: (Refusal Of 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 no action or to:

Date

Signature of Parent

Address

City

Zip

Please complete the form on the back of this form

SPRINGFIELD LOCAL SCHOOLS
ACCEPTABLE USE POLICY

Advances in telecommunications and other related technologies have fundamentally altered the ways in which information is accessed, communicated, and transferred in society. Such changes are driving the need for educators to adapt their means and methods of instruction, and the way they approach student learning, to harness and utilize the vast, diverse, and unique resources available on the internet. The Board of Education is pleased to provide Internet services to its students. The District's Internet system has a limited educational purpose.

The Board encourages students to utilize the Internet in order to promote educational excellence in our schools by providing them with the opportunity to develop the resource sharing, innovation, and communication skills and tools that are essential to both life and work. The instructional use of the Internet will be funded by Board's policy on instructional materials.

View the entire policy at:
www.springfieldspartans.org/tech

Acceptable Use Policy – Students

(Every student, regardless of age, must read and sign below)

I have read, understand, and agree to abide by the terms of the Acceptable Use Policy and Agreement.

Name (printed): _____

Signature: _____ Date: _____

Acceptable Use Policy – Parent/Guardian

(To be read and signed by parents or guardians of all students). As the parent or legal guardian of this student, I have read, understand, and agree that my child or ward shall abide by the terms of the Acceptable Use Policy and Agreement. I hereby give permission my child or ward to access the School District's computer network and the Internet.

Name (printed): _____

Signature: _____ Date: _____

MEDIA RELEASE POLICY

View the entire policy at: www.springfieldspartans.org/tech

Media Release (Photographs/Classroom Videos)

Please initial your choice.

_____ YES _____ NO

Rev 08/2013

Please complete the form on the back of this form