

# Student Authorization Form



Fairview Park City Schools  
 21620 Mastick Rd. # A  
 Fairview Park , OH, 44126  
 Phone: 440.331.5500  
 Fax: 440.356.3545  
 www.fairviewparkschools.org

Student Name:	
Grade:	
Date of Birth:	
Address:	
State:	
Zip/Postal Code:	
Phone Number:	

In the event reasonable attempts to contact me have been unsuccessful, I hereby authorize (1) the provision of emergency treatment for my child if he/she becomes ill or injured under school authority and (2) in the case of a national/local emergency, my child may be released to any of the following individuals:

Name:		Daytime Phone:	
email:		Cell Phone:	
Mother/Guardian:		Other:	
Name:		Daytime Phone:	
email:		Cell Phone:	
Father/Guardian:		Other:	
Name:		Daytime Phone:	
email:		Cell Phone:	
Relationship:		Other:	

\* Any non-custodial adult will require photo identification before the child is released.  
 \* Without this form on file, children will only be released to their parent/guardian.

## Part I: To Grant Consent - Part I or Part II Must Be Completed

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

Physician:		Phone:	
Dentist:		Phone:	
Medical Specialist:		Phone:	

In the event reasonable attempts to contact me have been unsuccessful, I hereby authorize (1) the administration of any treatment deemed necessary by the above named physicians, 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.

Please list below on the second page of this form the facts concerning your child's medical history, including allergies, medications being taken, including those received for treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and any physical impairments to which a physician should be alerted. I give permission for this information to be shared with the Fairview Park Schools staff involved with my child's educational program.

### Current Medications & Medical History:

Date:

\_\_\_\_\_  
 Signature of Parent/Guardian



## Part II: To Refuse Consent - Part I or Part II Must Be Completed

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:

### Refusal to Consent Instruction:

Date:

\_\_\_\_\_  
Signature of Parent/Guardian

## Cleveland Clinic Informed Consent - \*\*\*For Fairview High School Athletes ONLY\*\*\*

I authorize the certified athletic trainer(s), under the direction and guidance of the Cleveland Clinic, to render said student-athlete any first aid, rehabilitative, diagnostic or emergency treatment that they deem reasonable and necessary to the health and well-being of the student-athlete. I grant permission to consulting physician(s) to render said student-athlete any treatment or medical care that they deem necessary to the health and well-being of the student-athlete. When necessary I grant permission for communications with physicians, physical therapists, counselors, and other health care personnel regarding the student's medical history. I authorize the certified athletic trainer(s) to discuss injuries with necessary third parties, including, but not limited to, the coaching staff and athletic director as relevant to the student-athlete's participation in practice, competition and/or training.

Date:

\_\_\_\_\_  
Signature of Parent/Guardian

## Published Picture and Name Refusal - \*\*\*Please Read Closely\*\*\*

By refusing to have your child's picture and name used, you are instructing the school district to **NOT** use your child's name or photograph in **ANY** way. Therefore, you are refusing the release of your child's name and/or picture for use in the yearbook, newspaper, on television, district/ school website, or in other such published media reflecting school activities, including recognition for such events as honor rolls, student of the month, classroom or club projects, team experiences, athletics and other school activities. If after reading this, you would still like to refuse to have your child's name used in any way, please check the Yes box below. If you wish to have your child's picture and name published, you do not have to check anything below.

Yes, I wish for my child's picture and name **NOT** to be used in **ANY** way.