

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____ Home School: _____

Student Address: _____ Grade: _____

City, State, ZIP: _____ Date of Birth: _____

Residential Parent or Guardian

Mother's Name _____

Phone #1 _____ Phone #2 _____

Father's Name _____

Phone #1 _____ Phone #2 _____

Legal Guardian's Name _____

Phone #1 _____ Phone #2 _____

PART I OR 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 _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

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 doctor, 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Parent/Guardian Signature: _____

Address: _____

COMPLETE REVERSE SIDE ONLY IF YOU DO NOT GRANT CONSENT.

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PART II - 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:

Date _____

Signature of Parent/Guardian

Address

Pick-up Permissions:

Please complete the following items for **ALL INDIVIDUALS** who have permission to pick your student up from school. **These individuals DO NOT have permission to call in and sign students out**, only to pick them up if they've been signed out by a parent/guardian and that contact references the pickup permission name. (eg. "I need to sign out my son now for a Dr. Appt, and his aunt Jenny will be the one picking him up.")

Pickup Permission #1:

Name: _____

Primary Phone: _____

Relationship to Student: _____

Pickup Permission #2:

Name: _____

Primary Phone: _____

Relationship to Student: _____

Pickup Permission #3:

Name: _____

Primary Phone: _____

Relationship to Student: _____

Student Handbook: I have reviewed a copy of the Student Handbook, and the Levels of Discipline document (*also available at www.pikectc.org under the PARENTS – Documents and Policies section*). I understand that it contains important information on codes of conduct, discrimination laws, and other school rules and policies. I agree to work with school staff to be sure that the student attends school every day (except for excused absences), completes homework, and follows the code of conduct and school-based rules.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Attendance Policy: I have reviewed the Pike County CTC Attendance Policy (*also available at www.pikectc.org under the PARENTS – Documents and Policies section*) and understand the consequences of cutting a class and/or unexcused/excused absences.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Acceptable Use Policy: As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the Pike County Career Technology Center’s Computer Network and Internet Acceptable Use Policy for the student’s access to the school district’s computer network and the Internet (*also available at www.pikectc.org under the PARENTS – Documents and Policies section*). I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school district to restrict access to all offensive and controversial materials and understand my child’s or ward’s abiding by the policy. I am therefore signing this policy and agree to indemnify and hold harmless the school, the school district, and the ITC that provides the opportunity to the school district for computer network and internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child’s or ward’s use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child’s or ward’s use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building approved account to access the school district’s computer network and the Internet.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Release of Student Information Consent:

Permission to Display Photographs, Audio, Video, or Electronic Images:

I give my consent (or do not give consent) for photographs, audio, video, or electronic images of my student to be used by the Pike County CTC for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media, such as the internet, television, or DVD. I understand that my student's full name may also be used with such display in use on the school website or social media page.

I give my consent: **YES** **NO**

Permission to Display Student Work:

I give my consent (or do not give consent) for original written materials, artwork, or other work created by my student during the course of instruction to be used by the Pike County CTC for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media, such as the internet, television, or DVD. I understand that my student's full name may also be used with such display in use on the school website or social media page. If the consent is denied, such denial shall not apply where the student's material is incorporated into a greater or larger body of work (such as a student's voice in a choral recording.)

I give my consent: **YES** **NO**

Permission for News Stories:

I give consent (or do not give consent) for quoted statements given by my student, or photographs, audio, video, or electronic images of my student, with possible identification by full name, to be used for the purpose of news stories or interviews about the Pike County CTC or educational experiences by our area news media.

I give my consent: **YES** **NO**

Permission for Educational Correspondence:

I give consent (or do not give consent) for my students to participate in letter writing as part of the educational experience to people outside the school district (e.g., pen pals, thank you letters, letters to authors, or letters to public officials) and I understand these letters may include the student's full name and may include other personally identifiable information about the students.

I give my consent: **YES** **NO**

Routine Trip Permission:

During various times throughout the year, it is necessary for our students to return to their home school for events such as pep rallies, sports pictures, band, etc. Students may be required to sign in at home school events. Individuals who do not sign in will be considered truant. There will also be times that the Pike County CTC will be taking class trips. Some, but not limited to, may include the Bob Evans Farm Festival, the Farm Science Review, COSI, Shawnee State University, and many others too numerous to name.

I grant permission for my child to participate in the routine trips as described above: YES NO

School Google Account and Third-Party Applications:

To enhance student learning, the Pike County CTC utilizes various digital tools approved by the school district, including Google Workspace accounts and other third-party applications that integrate with student Google accounts. The district enables access to these third-party services for your student's Google Workspace for Education account and allows the disclosure of only limited data that is required for the application to function.

I have read and understood the above statement:

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

FERPA Notification:

I have reviewed the attached FERPA notification sheet. (see back of this sheet)

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

FERPA Notification

The **Family Educational Rights and Privacy Act (FERPA)** affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the School to amend a record should write the School principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. [Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202**