

**EMERGENCY MEDICAL FORM 2014-2015**  
**Madison Middle School – Grade 7 & 8**  
**Mansfield, Ohio.**  
419-522-0471

**Student Information: Please keep school advised of address and phone number changes.**

<b>Student:</b>	<b>Social Security:</b>	<b>Birth Date:</b>	<b>Grade:</b>
<b>Residential Address:</b>	<b>Phone Number:</b>	<b>Custodial Parent email address:</b>	

**Parental Contact: Please check “Y” if person is permitted to pick up your child or “N” if they are not permitted.**

<b>Custodial Parent:</b>	<b>Y</b>	<b>N</b>	<b>Daytime Phone No.</b>	<b>Cell Phone</b>
<b>Spouse:</b>	<b>Y</b>	<b>N</b>	<b>Daytime Phone No.</b>	<b>Cell Phone</b>
<b>Non-Custodial Parent:</b>	<b>Y</b>	<b>N</b>	<b>Daytime Phone No.</b>	<b>Cell Phone</b>
<b>Spouse:</b>	<b>Y</b>	<b>N</b>	<b>Daytime Phone No.</b>	<b>Cell Phone</b>

**Emergency Contacts: Persons who have permission to pick up your child from school.**

<b>Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>

**Medical Consent: The following physicians have consent to treat your child in case of emergency**

<b>Doctor:</b>	<b>Phone Number:</b>
<b>Dentist:</b>	<b>Phone Number:</b>
<b>Medical Specialist:</b>	<b>Phone Number:</b>
<b>Preferred Hospital:</b>	<b>Phone Number:</b>

**Consent/Refusal:**

<input type="checkbox"/> *In the event reasonable attempts to contact me have been unsuccessful, I hereby give <b>CONSENT</b> for the (1) administration of any treatment deemed necessary by the above named physicians or dentist; and (2) the transfer of child to any hospital reasonably accessible. <small>*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.</small>		
<input type="checkbox"/> <b>I DO NOT give my consent for emergency medical treatment of my child. In the event of an illness or injury requiring emergency treatment, I request that the school authorities take the following action:</b>		
<b>Parent/ Legal Guardian Signature:</b>	<b>Date:</b>	<b>Parent’s Address:</b>

<b>Medical Alerts:(Ex. Medical Conditions, Food Allergies)</b>	<b>Other Alerts:(Ex. Custody Issues/Concerns)</b>

# Madison Local School District Standard Release Form

In an effort to maintain the integrity and goals of the Madison Local School District, the following form must be completed before any information is published which contains a staff member's photograph, a student's photograph, or a student's work.

Please complete this form and return it to your student's school office.

I (do \_\_\_ / do not \_\_\_) authorize the release of my picture for use on school/district publicity or publications, videos or the district web site.

I (do \_\_\_ / do not \_\_\_) authorize the release of my intellectual property such as art work, poetry, essays, performances, etc. to be used on school/district publicity or publications, videos or the district web site.

Name (Please Print) \_\_\_\_\_

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

If under age 18, please complete this section.

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

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## Acceptable Use and Internet Safety Policy

of the  
Madison Local School District  
**STUDENT'S AGREEMENT**  
(Every student, regardless of age, must read and sign below)

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Student Name (PRINT CLEARLY) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Place an "X" in the correct blank: I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.

Student's Signature \_\_\_\_\_

## PARENT'S OR GUARDIAN'S AGREEMENT

(To be read and signed by parents or guardians of students who are under 18)

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 School District's Acceptable Use and Internet Safety Policy for the student's access to the School District's computer network and the Internet.

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 to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy.

I am therefore signing this Policy and agree to indemnify and hold harmless the School, the School District and the Data Acquisition Site 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 or Guardian Name(s) (PRINT CLEARLY) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature(s) \_\_\_\_\_