



**AUTHORIZATION FOR TREATMENT OF A MINOR**

I, \_\_\_\_\_ (Parent/Guardian), hereby authorize the Emergency Department personnel, school staff, the Emergency Department of the United Hospital Center, Ritchie Regional Health or the Doddridge County Medical Center to provide treatment for any medical emergency which my child, \_\_\_\_\_ should need in my absence or unavailability. I also agree that I will not hold any school staff member responsible for any liabilities concerning decisions of medical treatment made regarding my child. I also understand that in order to provide appropriate medical/health care, certain information will be disseminated to school staff members and emergency facilities/personnel in regard to the treatment of my child.

Parent/Guardian Signature and Date: \_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_

Special Instructions For Emergencies: \_\_\_\_\_

Name of Insurance Covering Your Child: \_\_\_\_\_

**NOTE ABOUT MEDICATIONS**

Only prescription medication will be dispensed in the office. A release form is available in the office. The release must be completed for each prescription before it will be dispensed to the student. ALL medication must be in the original bottle with instructions.

Does your child have any physical handicaps? If yes, explain: \_\_\_\_\_

Does your child have any medical conditions or allergies requiring medication or special diet? If so, please describe below and personally contact the school with details. \_\_\_\_\_

If your child has an allergy to certain foods or milk, please contact Mrs. Deana Clark in the Child Nutrition Office at 304-873-2300. The appropriate forms for your doctor to complete will be made available so we can modify his/her diet.

**DISCLOSURE OF STUDENT INFORMATION**

From time to time, we are asked to provide "directory information" to military personnel, persons hired from grants or agencies who work with the school system to improve drop-out rates, attendance issues, provide job related work opportunities, or other legitimate educational interests. At times, pictures may be taken of students to publish in the newspaper, school newsletter, county website or other school related entity. If you would not like your child's information/picture to be disseminated, please contact the school in writing, within 10 days of registering you child.

**EMERGENCY DISMISSAL PLAN**

In the case of a true emergency dismissal, last minute phone calls to any parent from the school or to the school by a parent are not an appropriate or effective way to plan for the full safety of our students and your child. In order to help us ensure you child's safety, please be aware of weather conditions at all times. In the event of potentially hazardous conditions, alerts will be sent out via School Messenger, School App, as well as the utilization of various media outlets. **PLEASE BE SURE THAT YOU HAVE DISCUSSED ANY DISMISSAL PLANS WITH YOUR CHILD.**

If school is dismissed early for any reason, my child is to do as follows. (CHECK ONLY ONE)

- |  |   |
|--|---|
| <input type="radio"/> Ride the bus home/day-care/babysitters as normal | <input type="radio"/> Drive home as normal (High School Drivers only) |
| <input type="radio"/> Will be picked up at school by a Parent/Guardian | <input type="radio"/> Other: _____                                    |
- (Please describe in detail what your child is to do)

I would like to receive a copy of the school handbook.  Yes  No

School Handbooks can also be viewed in their entirety at: [www.dcschools.us](http://www.dcschools.us)

Please refer to the Goggle Calendar on the County-site ([www.dcschools.us](http://www.dcschools.us)) for up-to-date information on events for your child's school. I would like to receive a hard copy of the School County Calendar.  Yes  No

**DIRECTIONS TO YOUR HOME**

Please provide specific directions to your home.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_