

Authorization for Emergency Medical Treatment

Student Name: _____ Date: _____

Grade: _____ DOB: _____ Phone: _____

Health Information/Allergies: _____

Medical Conditions: _____

Medications Taken Daily: _____

Physician's Name: _____ Phone: _____

In accordance with state statutes, written authorization of the parent/guardian of a student is required for non-invasive testing and administering medication to a student at school. The following non-prescription medications are usually available in the office of the school nurse: Tylenol, Ibuprofen, anti-acids, cough drops, and topical lotions or ointments. Please sign below if all medications listed are appropriate to administer to your child in time of need.

Parent/Guardian: _____

In the event of an emergency, at school or school sponsored activities, the school officials have my permission to transport my child to the nearest health care facility for the safety and well-being of my child.

Parent/Guardian: _____

Opting-Out of Media Publications

Throughout the summer, special events and activities will be covered by various media sources and media may be created by the district or Choctaw Nation of Oklahoma to be used for publication. This media may be in many forms such as, but not limited to, recordings, film, photographs, audiotape, or videotape of your child's name, image, likeness, spoken words, student work, performance, and movement. Media may also include use on the district website, Choctaw Nation of Oklahoma website, local newspapers, and local television broadcasts.

As a parent, if you choose that your child not be a part of Choctaw Nation of Oklahoma media, you must notify the summer school principal in writing.

Authorization to release student record information to the Choctaw Nation of Oklahoma Partnership of Summer School Education Program (POSSE)

Student's Name _____ Date of Birth _____

School _____ Grade _____ (as of April 2018)

The Mission of the Choctaw Nation Partnership of Summer School Education Program (POSSE) is to enhance the lives of all students in grades K-3 that live in the 10 1/2 county service area of the Choctaw Nation by providing intervention in reading and math during a 24-day summer school program.

I, _____, hereby authorize my child's school to release his/her student record information to the Choctaw Nation of Oklahoma Partnership of Summer School Education program. These records include:

- Attendance Records
- Standardized Test Scores for reading and math
- Final Report Card information
- Health Records
- Homeroom teacher report and/or recommendation
- Directory Information (Name, Address, Phone, DOB, Place of Birth)
- Mid-year tracking of reading and math progress
- Other Pertinent Information

I understand that only Choctaw Nation of Oklahoma Partnership of Summer School Education personnel and their authorized employees will have access to my child's records. Student information, including names and addresses, will not be given to others for any purpose.

I understand I have the right to request access to my child's records. Finally, I understand this information will be utilized only by the Choctaw Nation of Oklahoma for the sole purpose of fulfilling the mission of the Partnership of Summer School Education program (POSSE) as stated above.

I understand my child's scores will be grouped with the other participants' scores for publication purposes.

Signature of Parent or Guardian

Date