2015-2016
CEVEC
Cuyahoga East Vocational Education Consortium

Please Print ***STUDENT MEDICAL HISTORY***

Student Name:_____________________________ District/Residence:________________________________

Student Address:___________________________ District/Placement:________________________________

City & Zip:________________________________ Family Physician:__________________ Phone __________

Date of Birth:______________________________ Guardian Name: _________________________________

Student Soc. Sec. #:______-______-_________ Guardian Address:_________________________________

Home Phone: _____________________________ Guardian Phone #:_________________________________

Student's Cell Phone ________________________ Guardian Cell # _________________________________

Mother Name _____________________________ Father Name _____________________________________

Mother Work #:_____________________________ Father Work #:____________________________________

Mother Cell # ______________________________ Father Cell # ____________________________________

E-mail Address:

❑Mom __________________________________ ❑Dad ____

In case of an emergency list two people who can be contacted if parents can't be reached:

No.	Name	Phone	Address
		- - ext.	
		- - ext.	

If (s) he has a history of any of the following, please check appropriate space:

______Allergies: explain:____________________________ ______Dizziness: explain:__________________________

______Heart Problems: explain:_____________________________Asthma: treatment:____________________________

______Seizure Disorder: ____________Seizure Plan on file ☐ Yes ☐ No Date of Plan__________________

explain: ____

_______Generalized _______ Tonic-clonic _______Absence

______Diabetes: treatment:____

______Hearing Problems: explain:____________________ ______Speech Problems: explain:____________________

______Vision Problems: explain:______________________________________ ______Glasses: _______Contacts

______Medications: *Name of Drug* *Dosage* *Times Dispensed*

____

____

____ If necessary add additional pages

______Therapy: types currently receiving:

_______Occupational _______Physical _______Psychotherapy _______Counseling

_______Other: explain:____

______Attendant care for personal needs: explain:____

______Adaptive devices:

_______Wheel Chair _______Braces _______Cane/Walker

______Medical Limitations: explain:____

______Other Health Problems: Explain:____

My child is covered by: `(requested for your students health and safety)`

Insurance Plan ____ Policy Number_______________________

PURPOSE: To enable parents or guardians to authorize the provision of emergency treatment for a student who becomes ill or injured while under school authority, while parents or guardians cannot be reached.

COMMUNITY TRAINING SITE

I give my son/daughter permission to participate in the community group training site experience and to be transported by school transportation. The following are possible alternatives for transportation to and from group sites for your son/daughter: by school bus, by CEVEC staff member in CEVEC van or personal vehicle, walk/driven by CEVEC staff person for purpose of job exploration, or interview, travel training, walk from CEVEC to group training site.

Student Name ____ Date__________________________________

Parent /Guardian Signature____________________________________Print Name_____________________________

The staff at CEVEC is very interested in providing a safe valuable experience in the community for your son/daughter. If you have any questions at all, please feel free to call and discuss your concerns.

Signature required on back Please turn over ➔

MEDICAL CONSENT *PART I OR PART II MUST BE COMPLETED.*

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. ____ (preferred physician) or

Dr. _______________________________________ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the student to_____________________________, (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

____

DATE SIGNATURE OF PARENT/GUARDIAN

DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I

PART II: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action to:

____
____
____
____
____
____

DATE SIGNATURE OF PARENT/GUARDIAN

MAYFIELD CITY SCHOOL DISTRICT
MEDIA RELEASE

I, the parent/legal guardian of _____________________________________, grade ______, grant the Mayfield City School District permission to use my child's name, visual images, artwork and/or comments in all Mayfield City School District publicity materials. In granting permission, I understand that the images and comments may appear in a variety of forms, including, but not limited to magazines, newspapers, books, brochures, newsletters, television, videotape, advertisements, photographs, web sites, and media sources. I agree that the use of my child's visual images and/or reproduced art work shall become the exclusive property of the Mayfield City School District, and I waive all rights thereto. I waive all rights to inspect and/or approve copy or voice-over commentary that may be used in conjunction with the visual images and the uses to which they may be applied.

Parent/legal guardian Signature ____Date______________

Parent/legal guardian Print name: ____

Address:

____

E-mail: ____

Please Check One

Permission Granted: ❑ **Permission denied:** ❑

THIS AGREEMENT SHALL REMAIN IN EFFECT FOR THE 2015-2016 SCHOOL YEAR AND SHALL BECOME NULL AND VOID AT THE START OF THE 2016- 2017 SCHOOL YEAR.

If any of this information should change during this school year please notify the teacher or the front office