

## **BACC Medical & Telecommunications**

### **Medical**

I, the undersigned parent/guardian of \_\_\_\_\_ expressly authorize the District to take any action the District judges necessary to assist my student with emergency medical care in the case of illness or injury, including among other things:

- Contacting a physician,
- Approving emergency medical care if I cannot be reached, and
- Transporting my student to a hospital or other medical facility in a commercial ambulance or private vehicle.

### **Medical Information**

I, the parent/guardian of \_\_\_\_\_ hereby give consent to Bloomington Public Schools District 87 for the exchange of relevant medical information with my child's health care provider, with the school staff that have an educational interest, and with the local health department for the purpose of communicable disease control :

**YES**                       **NO**

### **Telecommunications Consumer Protection Act**

By entering my name below, I the parent/guardian of \_\_\_\_\_ understand and agree that by providing home and cell phone numbers to the District at registration, parents are considered to have expressly authorized the District to send automated voice and text messages to these phones to alert them about the absence of their child from school, to notify them about school closings or other emergencies, and to inform them about school related functions.

**Parent (s) /Legal Guardian (s) Name:**

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