



Emergency Medical Authorization Form/Student Information Form

2016-2017 School Year
School Building * _____
Grade _____
Teacher/Homeroom _____

1. STUDENT INFORMATION

Name _____
 Legal Last Name Legal First Name Legal Middle Name Nickname

Address _____
 Number & Street Apartment City State Zip Code

Home Phone _____ Unlisted? Yes No Date of Birth _____ Gender: Male Female

Is child of Hispanic/Latino Heritage? Racial Group: (choose all that apply - at least one)
 Yes No Asian Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander White

Is child bused to or from a
babysitter or child care provider? _____ A.M. only P.M. only Both
 Provider's Name Provider's Address Provider's Phone Child Care Provider Times

A.M. Bus # _____ P.M. Bus # _____ A.M. Shuttle # _____ P.M. Shuttle # _____

2. PARENT/GUARDIAN/FAMILY INFORMATION

If student is **not** living with **both** biological parents, a certified copy of court order or court-filed application is **required**. Has parents' marital status changed since last school year? Yes No

Marital Status of Biological/Adoptive Parents Married Never Married Legally Separated Divorced Separated (not filed) Deceased

Legal Custody or Guardianship of Student Both Parents Mother Only Father Only Shared Court-placed Guardian

*Student Living With Birth/Adoptive Parents Mother Only Mother & Step Father Only Father & Step Guardian Foster Parent

Are custody papers, if applicable, on file with the school as required by Ohio law (ORC 3313.672)? Yes No

Mother's Full Name _____ Email Address _____

Primary Contact Number _____ Home Work Cell Place of Employment _____

Secondary Contact Number _____ Home Work Cell Work Number (if different) _____ Available at work? Yes No

Primary # Unlisted? Yes No Living with student? Yes No Same as Student's Address? Yes No Emergency Contact? Yes No

Father's Full Name _____ Email Address _____

Primary Contact Number _____ Home Work Cell Place of Employment _____

Secondary Contact Number _____ Home Work Cell Work Number (if different) _____ Available at work? Yes No

Primary # Unlisted? Yes No Living with student? Yes No Same as Student's Address? Yes No Emergency Contact? Yes No

Court-placed Guardian or Step-Parent's Full Name _____ Email Address _____

Primary Contact Number _____ Home Work Cell Place of Employment _____

Secondary Contact Number _____ Home Work Cell Work Number (if different) _____ Available at work? Yes No

Primary # Unlisted? Yes No Living with student? Yes No Same as Student's Address? Yes No Emergency Contact? Yes No

Parents or guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting noncustodial parents or others from contact with the child. Provide the principal with a copy of the order. **Do Not Release My Child To:** _____

Student's Legal Name _____ Date of Birth _____ Grade _____

Student's Nickname _____

Please list siblings' names, ages, and schools: _____

3. EMERGENCY CONTACT/PICK-UP INFORMATION

List three neighbors or relatives who will assume care of your child **if you cannot be reached**. Those designated below, other than parents listed on other side of form, are authorized to pick up my child from school in an emergency (listed in order of preference).

1. Name _____	Relationship to child _____	Daytime Phone _____
	Address _____	Cell Phone or Pager _____
2. Name _____	Relationship to child _____	Daytime Phone _____
	Address _____	Cell Phone or Pager _____
3. Name _____	Relationship to child _____	Daytime Phone _____
	Address _____	Cell Phone or Pager _____

4. MEDICAL/PHYSICIAN INFORMATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

List student's known allergies or medical conditions: _____

Preferred Doctor: _____	Address _____	Telephone _____
Preferred Dentist: _____	Address _____	Telephone _____
Preferred Hospital: _____		

PARENTAL CONSENT: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

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.

Parent/Guardian signature: _____ Date: _____

REFUSAL TO CONSENT: **I DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian signature: _____ Date: _____

5. NON-CONSENT TO USE CHILD'S IMAGE OR AUDIO

REFUSAL TO CONSENT: **I DO NOT** give my consent for my child's still/video image and/or voice to be used in publications, local newspapers, television, school website, or any other media.

Parent/Guardian signature: _____ Date: _____