

## Emergency Medical Authorization Form/Student Information Form

2015-2016 School Year					
School Building	*				
Grade					
Teacher/Homeroom					

1. STUDENT INFORMATION					
Name					
Legal Last Name Address		Legal First Name		Legal Middle Name	Nickname
Number & Street	Apartment	City	State		Zip Code
Home Phone		Unlisted? Ye	s No Date of Bi	rth	Gender: Male Female
	ial Group: (choose Asian at apply – at least one)	☐ Black or African American	American Indian	or Alaska Native  Native	e Hawaiian or other Pacific Islander
Is child bused to or from a babysitter or child care provider?					A.M. only P.M. only Both
	Provider's Name	Provider'.		Provider's Phone	Child Care Provider Times
A.M. Bus #	P.M. Bus #		A.M. Shuttle #		P.M. Shuttle #
2. PARENT/GUARDIAN/FAM	ILY INFORMATION				
If student is <b>not</b> living with <b>both</b> biologic	ical parents, a certified copy of	court order or court-filed app	olication is <b>required</b> . Ha	s parents' marital status cha	inged since last school year?  Yes No
Marital Status of Biological/Adoptive Pa	arents Married	☐ Never Married	Legally Separated	Divorced	☐ Separated (not filed) ☐ Deceased
Legal Custody or Guardianship of Stude	ent Both Parents	☐ Mother Only	☐ Father Only	Shared	☐ Court-placed Guardian
*Student Living With	n/Adoptive Parents	Mother Only Mo	other & Step	ther Only	z Step
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 Ad	ldress	
Primary Contact Number	[] I	Iome Work C	Cell Place of Employr	ment	
Secondary Contact Number	Hom	e 🗌 Work 🔲 Cell	Work Number (if differ	rent)	Available at work? Yes No
Primary # Unlisted?  Yes	No Living with stu	dent? Yes No	Same as Student's Ac	ddress?  Yes No	Emergency Contact?  Yes No
Father's Full Name			Email Ad	ldress	
Primary Contact Number		Iome Work C	Cell Place of Employs	ment	
Secondary Contact Number	Hom	e 🗌 Work 🗌 Cell	Work Number (if differ	rent)	Available at work? Yes No
Primary # Unlisted?  Yes	No Living with stu	dent? Yes No	Same as Student's Ac	ddress?  Yes No	Emergency Contact?  Yes No
Court-placed Guardian or Step-Parent	's Full Name		Email Ad	ldress	
Primary Contact Number	[] I	Iome Work C	Cell Place of Employs	ment	
Secondary Contact Number	Hom	e 🗌 Work 🗌 Cell	Work Number (if differ	rent)	Available at work?  Yes No
Primary # Unlisted?  Yes	No Living with stu	dent? Yes No	Same as Student's Ac	ddress?  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. <b>Do Not Release My Child To:</b>					

Student's Legal Name		Date of Birth	Grade
Student's Nickname			
Please list siblings' names, ages, and schools:			
3. EMERGENCY CONTA	CT/PICK-UP INFORMATION		
	who will assume care of your child <b>if you cannot be</b> an emergency (listed in order of preference).	e reached. Those designated below, other than pa	arents listed on other side of form, are authorized to
1. Name		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			
	uardians to authorize the provision of emergency treatn	nent for children who become ill or injured while und	der school authority when parents cannot be reached.
List student's known allergies or			· · ·
Preferred Doctor:	Address	Telep	phone
	Address		phone
Preferred Hospital:			
named doctor, or in the event the o	designated preferred practitioner is not available, by an	other licensed physician or dentist; and (2) the transfe	istration of any treatment deemed necessary by the above- er of the child to any hospital reasonably accessible. ing in the necessity for such surgery, are obtained prior to
Parent/Guardian signature:			Date:
REFUSAL TO CONSENT: I <i>D</i> authorities to take the following	O NOT give my consent for emergency medical treat action:	atment of my child. In the event of illness or injur	ry regarding emergency treatment, I wish the school
Parent/Guardian signature:			Date:
5. NON-CONSENT TO U	SE CHILD'S IMAGE OR AUDIO		
REFUSAL TO CONSENT: 1DO	<b>NOT</b> give my consent for my child's still/video image	and/or voice to be used in publications, local newspa	apers, television, school website, or any other media.
Parent/Guardian signature:			Date: