

STUDENT INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Nickname: _____

Address: _____

City: _____

State: _____ Zip: _____

SS # Number: _____ - _____ - _____

Home Phone: _____

Gender Male Female Birthdate: ____/____/____

Your child by: Birth Adoption US Citizen? _____

Guardianship (*papers must be provided*)

Ethnic Background (*for reporting purposes*)

African-American Hispanic White/Caucasian

Asian Multi-Racial Other _____

SCHOOL INFORMATION:

School District in which you live: _____

County in which you live: _____

Last School Attended: _____

Last Grade Level Completed: _____

School Address: _____

Phone: _____

Fax: _____

ACADEMIC INFORMATION:

Has this pupil ever received special services/academic assistance?

Yes No If yes, in what area(s)? _____

Has this pupil ever been evaluated for academic and/or behavioral

issues? Yes No *If yes, please include documentation.*

Does this pupil have an IEP or any special accommodations?

Yes No *If yes, please include documentation.*

FAMILY INFORMATION

FATHER/STEPFATHER/GUARDIAN (*with whom child resides*)

Name: _____

Occupation: _____

Place of Employment: _____

Cell phone: _____ Work Phone: _____

E-Mail Address: _____

MOTHER/STEPMOTHER/GUARDIAN (*with whom child resides*)

Name: _____

Occupation: _____

Place of Employment: _____

Cell phone: _____ Work Phone: _____

E-Mail Address: _____

Married Separated/Divorced Widowed Single
(Marital Status of Parents)

ADDITIONAL EMERGENCY CONTACTS

Name: _____

Relation to student: _____

Home phone: _____

Cell phone: _____

Name: _____

Relation to student: _____

Home phone: _____

Cell phone: _____

Name: _____

Relation to student: _____

Home phone: _____

Cell phone: _____

PART I OR PART II MUST BE COMPLETED

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 or guardians cannot be reached.

PART ONE: TO GRANT CONSENT

By completing this portion, I acknowledge that in the event reasonable attempts to contact me at the given numbers have been unsuccessful, I hereby give my consent for: (1) administration of any treatment deemed necessary by the preferred doctor or dentist whose information has been provided, or in the event that the preferred practitioner is not available, by another licensed physician or dentist; (2) the transfer of the child to the preferred hospital or any hospital reasonably accessible. In addition, I give my consent for my child to be escorted via car/ambulance with an adult chaperone.

Please check one: YES NO

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

Primary Insurace Co: _____ Policy #: _____

Name of parent who carries Primary Insurance: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Date: _____ Parent/Guardian Signature: _____

PART TWO: REFUSAL TO CONSENT

****Do not complete Part Two if you completed Part One****

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

Date: _____ Parent/Guardian Signature: _____

SECTION 3313.712 OHIO REVISED CODE

As used in this section, "parent" means parent as defined in section [3321.01](#) of the Revised Code.

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form. If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child. Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.