

Student Information and Emergency Medical Form

2018-2019

Homeroom Teacher:

Grade:

Student Information

Student Name: _____

Date of Birth: _____

Custodial Parent(s): _____

Change (if new custody is in effect, please provide school with copy of court documents)

Residence Address: _____

Mailing Address: _____

Change: _____

Primary Phone Number for Emergency Calling System: _____

Change: _____

Does the phone above accept text messages? Yes No

Parent Cell: _____

Additional Cell Numbers: _____

Parent E-mail: _____

Sibling(s): _____

Homeless Status: Please contact our homeless liaison, Brett Lanz, at 330-682-5811 if you consider yourself homeless due to a change in your housing situation.

Active Duty Military

____ Yes **Active Duty Military** -- Student is a dependent of a member of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard)

____ Yes **Active Duty National Guard** --- Student is a dependent of a member of National Guard (Air/Army)

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if any court orders are in effect restricting non-custodial parents or others from contact with this student.

Emergency Information

Student Name:

Grade:

Date of Birth:

Emergency Contact Information: List two neighbors or relatives who will assume care of your child if you cannot be reached. Those designated below, other than parents, are authorized to pick up my child from school in an emergency (list in order of preference):

Mother: _____ Father: _____

Emergency Number Mom: _____ Dad: _____

----- ADDITIONAL EMERGENCY CONTACTS -----

1. Name: _____ Relationship to child: _____

All phone numbers above can be reached at _____

2. Name: _____ Relationship to child: _____

All phone numbers above can be reached at _____

Do not release my child to: _____

I hereby state the information provided on this document is true and current. I am the legal guardian or custodian of this child.

Parent/Guardian Signature

Date

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

My child has the following allergies or medical condition(s) and may/may not need medication(s) for treatment:

*ALLERGIES: (specify) _____ EPIPEN Yes or No *SEIZURES: _____ diastat Yes or No

*ASTHMA: _____ Inhaler Yes or No * ADD/ADHD: _____ Medication Yes or No *DIABETES: _____ insulin or oral meds

*SKIN CONDITIONS (list): _____ OTHER (specify): _____

Current Medications (list): _____

To ensure the health and safety of my child at school, I authorize the information listed above to be shared with necessary staff members. Yes _____ No _____

Emergency Permission/Consent – Grant Permission or Refusal (Please check only one)

I hereby give consent for the following medical care providers and local hospital to be called.

Preferred Doctor: _____ Address: _____ Phone _____

Preferred Dentist: _____ Address: _____ Phone _____

Preferred Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by 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. The 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.

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 the following action as they are reasonably able to do so (must give specific direction if consent refused).

Signature of Parent/Guardian

Date