

SIS # \_\_\_\_\_

**REYNOLDSBURG CITY SCHOOLS**

**EMERGENCY AUTHORIZATION FORM**

O.R.C.3313.712

**PHOTO  
NOT  
AVAILABLE**

Student's Name \_\_\_\_\_

DOB \_\_\_\_\_

Home Address \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Teacher \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

**Residential Parent/Guardian Information**

**Student lives with:**  both parents  mother  father  other \_\_\_\_\_

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Your mother's maiden name: \_\_\_\_\_

(Please circle relationship)

Father / Stepfather / Guardian / Foster Father

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Your mother's maiden name: \_\_\_\_\_

**Contact person(s) in case parents cannot be reached**

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Major Medical Concerns:** \_\_\_\_\_

**My child has NO medical concerns.**  \_\_\_\_\_

Parent signature

**PART I – TO GRANT CONSENT**

I hereby give consent for the following medical care providers to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

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 that 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 Signature:**  \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO GIVE CONSENT**

*You must continue to the back of this page.*

## Medical Alerts

**Routine MEDICATIONS:**     NO Medications

Name of Medication	Taken For	Activity Restrictions

**ALLERGIES:**     NO Allergies

- |  |  |
|--|--|
| <input type="checkbox"/> Food: _____           | <input type="checkbox"/> Drug: _____                   |
| <input type="checkbox"/> Insects: _____        | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> <b>EPI-PEN NEEDED</b> | <input type="checkbox"/> Seasonal/Environmental: _____ |

### Custody

1. Is this child subject to any     shared parenting agreement     custody order ?
2. Is there a court order on file with this school that restricts access to this student by any party?     Yes     No

If yes, whom: \_\_\_\_\_ Relation to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to Central Registration.\*\*\*

## PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of an emergency or illness requiring treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REFUSAL TO CONSENT**

### Student's siblings attending Reynoldsburg Schools

Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_    Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_

Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_    Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_

### Transportation Information

Please mark arrival and dismissal procedures that apply.

#### Arrival

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Walker                  | <input type="checkbox"/> Car Rider |
| <input type="checkbox"/> Bus Rider    Bus# _____ |                                    |
| Bus Stop Location _____                          |                                    |
| <input type="checkbox"/> Daycare / Babysitter    |                                    |
| Name _____                                       |                                    |
| Phone # _____                                    |                                    |

#### Dismissal

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Walker                  | <input type="checkbox"/> Car Rider |
| <input type="checkbox"/> Bus Rider    Bus# _____ |                                    |
| Bus Stop Location _____                          |                                    |
| <input type="checkbox"/> Daycare / Babysitter    |                                    |
| Name _____                                       |                                    |
| Phone # _____                                    |                                    |