

FOR OFFICE USE:  
SIS #

**REYNOLDSBURG CITY SCHOOLS**  
**EMERGENCY AUTHORIZATION FORM**  
O.R.C.3313.712

2022-23



Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Address \_\_\_\_\_ School: WRMS  
\_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender  M  F  
Student's Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Residential Parent/Guardian Information**

Student lives with:  both parents  parent/guardian 1  parent/guardian 2  other \_\_\_\_\_

Biological/Adoptive parents are:  Married  Divorced  Single-never married  Residing together-not married

**Parent/Guardian 1**

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Can this number receive text messages?  YES  NO  
Additional Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Work  Home/Landline  Additional Cell Phone  
Email: \_\_\_\_\_@\_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Can this number receive text messages?  YES  NO  
Additional Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Work  Home/Landline  Additional Cell Phone  
Email: \_\_\_\_\_@\_\_\_\_\_

**Custody (if applicable):**

Is this child subject to any  shared parenting agreement  custody order  guardianship  foster placement  \_\_\_\_\_

Name and mailing address of other parent if order mandates: \_\_\_\_\_  
\_\_\_\_\_

Is there a court or police filed document that restricts access to this student by any party (i.e. Protection Order)?  Yes  No

If YES, whom: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to the Welcome Center which will be forwarded to student's school file. \*\*\*

**Contact person(s) in case parents/guardians 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: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Cell Phone  Home/Landline  Work

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Cell Phone  Home/Landline  Work

**Siblings attending Reynoldsburg Schools**

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

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

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

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

**Military Student Identifier**

Please indicate if this student is a dependent of the following:

- Active Duty:** student is dependent of a member of the Active Duty Forces (United States Army, Air Force, Marine Corps or Coast Guard)
- National Guard:** student is a dependent of the National Guard (US Army National or Air National Guard).
- Reserve Duty:** student is a dependent of a member of the US Military on Reserve Duty
- My child is NOT a military student.**

(Revised 1/22)

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

## Medical Alerts

My child has **NO** medical concerns  \_\_\_\_\_  
parent/guardian signature

Major Medical Concerns (list as follows): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Routine **MEDICATIONS** (including those taken at home):  **NO Medications**

Name of Medication	Taken for	Activity Restrictions

**ALLERGIES:**  **NO Allergies**

Food: \_\_\_\_\_  Drug: \_\_\_\_\_

Insects: \_\_\_\_\_  Other: \_\_\_\_\_

**EPI-PEN NEEDED**  Seasonal/Environmental: \_\_\_\_\_

Per our family religious convictions, this student does not consume the following food: \_\_\_\_\_  
\_\_\_\_\_

### Medical Providers:

Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

## CONSENT – Signature Required (Please Sign ONE)

### YES, I GRANT 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 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.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

TO GRANT CONSENT

**OR**

### NO, 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:

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

REFUSAL TO CONSENT