

**Reynoldsburg City Schools**  
**Transportation Request / Renewal / Payment in Lieu**  
**Non-Public/ Community/ Charter**  
**(School Year \_\_\_\_\_)**

**Please Print – All lines must be completed even if your child will not ride the bus daily.**

A separate Emergency Medical Authorization form MUST be completed for EACH child if the child is riding a Reynoldsburg bus.

You will be contacted by the Transportation Department.

They will provide you with information regarding location of bus stop, approximate time of pick-up, and bus number.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Home Address \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Reynoldsburg 43068  Columbus 43232

Mother/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**We, the student and parent/guardian, acknowledge that we have read and understand the Bus Rules as listed in Appendix A of this packet.**

Parent Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Office Use Only\*\*\*

Location of Bus Stop: \_\_\_\_\_ Bus#: \_\_\_\_\_ / \_\_\_\_\_ Driver Name: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ Parent Notified By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

(Revised 02/18)

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

# REYNOLDSBURG CITY SCHOOLS EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712



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

Birthdate \_\_\_\_\_

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

School \_\_\_\_\_

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

Teacher \_\_\_\_\_

Student's Cell Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

## Residential Parent/Guardian Information

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

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

(Please circle relationship)



**please check primary daytime contact number**

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

Father / Stepfather / Guardian / Foster Father

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

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

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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. X \_\_\_\_\_

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: X \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**Medical Alerts**

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

Name of Medication	Taken For	Activity Restrictions

**ALLERGIES:**  NO Allergies

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

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

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

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

**EPI-PEN NEEDED**

Seasonal/Environmental: \_\_\_\_\_

**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: \_\_\_\_\_

**Custody**

1. Is this child subject to any  shared parenting agreement  custody order?  N/A

Mailing address of other parent if order mandates: \_\_\_\_\_

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.\*\*\*

**Military Information**

1. Is the student a dependent of a member of the Active Duty Forces?  Yes  No  
(Army, Navy, Air Force, Marine Corps or Coast Guard)

2. Is the student a dependent of a member of the National Guard?  Yes  No  
(Army National Guard or Air National Guard)

**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**

**Dismissal**

Walker  Car Rider

Bus Rider Bus# \_\_\_\_\_  
Bus Stop Location \_\_\_\_\_

Daycare / Babysitter  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Walker  Car Rider

Bus Rider Bus# \_\_\_\_\_  
Bus Stop Location \_\_\_\_\_

Daycare / Babysitter  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_