



## EMERGENCY MEDICAL AUTHORIZATION EAST PALESTINE CITY SCHOOL DISTRICT



### GENERAL INFORMATION

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Cellular Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Living with child  Yes  No

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Living with child  Yes  No

**Persons to be contacted in case of emergency if parents cannot be reached:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_ Medical Problems: \_\_\_\_\_

Medications being taken: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

**PART I or II MUST BE COMPLETED**

*Purpose:* To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

### PART I (TO GRANT REQUEST)

In the event that reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_  
Phone Other Parent

at \_\_\_\_\_ have been unsuccessful, I hereby give my consent for the following:  
Phone

(1) the administration of any treatment deemed necessary by \_\_\_\_\_ or \_\_\_\_\_  
Preferred Physician Preferred Dentist

or in the event the designated practitioner is not available, by another licensed physician or dentist.

(2) the transfer of the child to \_\_\_\_\_ or 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 before surgery is performed.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impariments to which a physician should be alerted: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

### PART II (REFUSAL TO CONSENT)

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: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

← PLEASE COMPLETE THE REVERSE SIDE →

**EAST PALESTINE CITY SCHOOL DISTRICT  
STUDENT RECORD UPDATE**

The information requested on this form is needed in order to update student records. Please answer all questions.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle Last Month Day Year

Address \_\_\_\_\_  
Street No. (required) PO Box (if applicable) City State Zip

Home Phone \_\_\_\_\_ Sex:  Male  Female

Father	
Name _____	
Address _____	
City _____	
State / Zip _____	
Place of Employment _____	
Occupation _____	
Work Phone _____	Cell Phone _____

Mother	
Name _____	
Address _____	
City _____	
State / Zip _____	
Place of Employment _____	
Occupation _____	
Work Phone _____	Cell Phone _____

Does the student reside with both parents?  Yes  No  
 Does the student have shared parenting?  Yes  No  
 Is there a step parent living in the home?  Yes  No  
 If yes, name \_\_\_\_\_  
 Does step-parent have legal custody?  Yes  No  
 Other relatives living in the home ?  Yes  No  
 (Including brothers, sisters, grandparents, etc.) If yes, list below with full name and grade (if applicable).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Non-Residential Parent Information	
Name _____	
Address _____	
City _____	
State / Zip _____	
Place of Employment _____	
Occupation _____	
Work Phone _____	Cell Phone _____

If your child should receive an achievement award, how would you wish the parent(s) names to be read?  
 \_\_\_\_\_

<b>WHEN AVAILABLE, I WISH TO RECEIVE DISTRICT COMMUNICATIONS VIA EMAIL. MY EMAIL ADDRESS IS:</b>	
_____	
<b>PLEASE CHECK ONE:</b>	
<input type="checkbox"/>	I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE DISPLAYED IN THE NEWSPAPER, NEWSLETTERS, AND LOCAL BUSINESS WINDOWS.
<input type="checkbox"/>	I DO NOT GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE DISPLAYED IN THE NEWSPAPER, NEWSLETTERS, AND LOCAL BUSINESS WINDOWS.
Parent's Signature _____	Date _____