



Margaretta Local School District
EMERGENCY MEDICAL AUTHORIZATION FORM
 20__-20__ SCHOOL YEAR

I. STUDENT INFORMATION

Last Name	First Name	Middle Name
Mailing Address, City, Zip		Homeroom/Grade
Primary/Home Phone Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

*Primary number used for One Call Now notification.

II. CONTACT/RESIDENCY INFORMATION

<p align="center">MOTHER'S INFORMATION</p> Residential/parent/legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Address: _____ School District of Residence: _____ Employer: _____ Daytime Number: _____ Mobile Number: _____ Work Number: _____ Email Address: _____ Active Duty Military <input type="checkbox"/> National Guard <input type="checkbox"/> N/A <input type="checkbox"/> Receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes	<p align="center">FATHER'S INFORMATION</p> Residential/parent/legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Address: _____ School District of Residence: _____ Employer: _____ Daytime Number: _____ Mobile Number: _____ Work Number: _____ Email Address: _____ Active Duty Military <input type="checkbox"/> National Guard <input type="checkbox"/> N/A <input type="checkbox"/> Receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes
<p align="center">LEGAL GUARDIAN</p> Name: _____ Relationship to Student: _____ Address: _____ Employer: _____ Daytime Number: _____ Home Number: _____ Mobile Number: _____ Work Number: _____ Email Address: _____ Active Duty Military <input type="checkbox"/> National Guard <input type="checkbox"/> N/A <input type="checkbox"/> Receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes	<p align="center">EMERGENCY CONTACTS</p> Please list three people we may call in the event of an emergency if the parent/guardian cannot be reached. These designated emergency contacts also have your permission to pick up your child during the school day. 1. Name: _____ Relationship to Student: _____ Daytime Number: _____ 2. Name: _____ Relationship to Student: _____ Daytime Number: _____ 3. Name: _____ Relationship to Student: _____ Daytime Number: _____
<p><small>*If there is a custody order allocating parental rights and responsibilities, or if the student is placed with a legal guardian, legal documents which declare placement must be provided to the school. Please include a certified copy of the court order and any future changes in custody.</small></p>	
<p>STUDENT LIVES WITH <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother Only* <input type="checkbox"/> Mother & Step-father* <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Father Only* <input type="checkbox"/> Father & Step-mother*</p>	

Student Name: _____

Part III or IV must be completed. Do not complete both!

III. TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital 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) 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. 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. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

List all allergies and any special precautions or treatments for these allergies:

List any medications currently be administered to the child:

List any health concerns or problems:

By signing this, I also give permission to school personnel to share my child's health/medical concerns (past/present) with school personnel on an "as need to know" basis, unless I notify the school nurse in writing that I do not want it shared.

Signature of Parent/Guardian: _____ Date: _____

Reference information for Emergency Medical Authorization: Ohio Revised Code 3313.71.2

IV. REFUSAL TO CONSENT (Do not complete if you have completed PART III)

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 to the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

VI. GENERAL CONSENT

I have reviewed the current Student Handbook (found online at www.margaretta.k12.oh.us) and have become familiar with the contents including discipline procedures and the Acceptable Use and Internet Safety Policy.

I have read, understand and agree to abide by the terms of the Student Handbook and the Acceptable Use and Internet Safety Policy of the Margareta Local School District. Should I commit any violation or in any way misuse my access to the computer network and Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

I give Margareta Local Schools permission to publish in print, electronic or video format, the likeness or image of my child. I release all claims against the Margareta Local Schools with respect to copyright and publication, including any claim for compensation related to the use of the materials, such as activity programs, yearbooks, newspapers, other school-related publications, websites and video announcements.

Signature of Parent/Guardian: _____ Date: _____