

FOR OFFICE USE:
SIS #

REYNOLDSBURG CITY SCHOOLS

EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712



Student's Name _____ Birthdate: _____
Home Address _____ School: _____
_____ 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