

# Part I: "How To" Guide for Emergency Medical Authorization

To get started, navigate to [mvctc.com/emf](https://mvctc.com/emf).

## Step 1:

1. Use the student's **LAST name & MVCTC Student ID** to log in.

### Emergency Medical Authorization

To get started, enter the student's last name and MVCTC Student ID below.

Last Name:

Student ID:

Pursuant to Section 3313.72, Ohio Revised Code

## Step 2:

1. **Create** and confirm a **PASSWORD** for your account.  
**\*\*\*IMPORTANT: Make note of your password for your records.**

### Welcome, Test!

We have located your account under **Test Student**.

Since this is your first time here, please create a password:

Password:

Confirm Password:

Pursuant to Section 3313.72, Ohio Revised Code

## Step 3:

1. Under "Emergency Medical Forms", click "**Get Started**"

Your Emergency Medical Forms INCOMPLETE

School Year	Emergency Medical Form Status	Actions
2025-2026	Not Started	<input type="button" value="Get Started"/>

## Step 4:

1. Complete/Verify all fields in "**Contact Information**" section:

- > Select your "**Home School**"
- > **Enter/Verify** each field in this section.
- > Check for accuracy and then hit "**Continue**"

## Step 5:

1. Complete/Verify all fields in the "**Residential Parent/Guardian Information**" section:
- > **Enter/Verify** each field in this section.
- > Check for accuracy and then hit "**Continue**"

## Step 6:

1. Complete/Verify all fields in the "**Emergency Contact Information**" section:

- > Enter each field in this section.
- > Check for accuracy and then hit "**Continue**"

## Step 7:

1. Complete/Verify all fields in the "**Health Information**" and "**Over the Counter Medication**" sections:

- > **Enter/Verify** each field in these sections.
- > Check for accuracy and then hit "**Continue**"

## Step 8:

1. **Complete/Verify** all fields in Part 1 OR Part 2 (**not both**) of the "Grant Consent" section:

- > **Enter/Verify** each field in this section.

- > Hit  OR

## Step 9:

1. Verify all fields in the "**Review Information**" section:

- > Review all information provided for accuracy.
- > Complete the **REQUIRED** "Signature" Section. (Alpha Characters ONLY - no periods in between)

Signature - **REQUIRED**

Custodial Parent Initials

Custodial Parent Address

## Step 10:

1. Click "Submit Emergency Medical Form".

2. Once successfully completed, you should see  next to "Your Emergency Medical Forms" on the student's dashboard when you log in to [mvctc.com/emf](https://mvctc.com/emf).

Your Emergency Medical Forms

**Continue to Part II: Contact Verification**

# Part II: "How To" Guide for Contact Verification

To get started, navigate to [mvctc.com/emf](https://mvctc.com/emf).

## Step 11:

1. Return to the dashboard and click "review" under Contact Information

✔ Your Emergency Medical Forms

School Year	Emergency Medical Form Status	Actions
2025-2026	Completed 07/18/2025 10:44am EDT	<a href="#">View</a>

### DASL Contact Information INCOMPLETE

We want to make sure we have the most up-to-date contacts in our system for . Please follow the link below to review the contact information we currently have on file.

Status	Actions
Needs Review	<a href="#">Review</a> ★

Pursuant to Section 3313.72, Ohio Revised Code

## Step 12:

- Click "expand/collapse" next to the contact

Review Contact Information

- Click: [Review](#) to begin
- a. Must do this for **each** contact on list

## Step 13:

1. Review/Verify the **Student's** Contact information:

### Notes:

- Must have a **personal** email address (not a school email)
- **Do not** list a parent phone number or email address
- Click "**Save Changes**" when complete

## Step 14:

1. Review/Verify the **Parent/Guardian's** Contact information
2. Answer "**is this a valid contact**" to begin
  - a. If you select "**yes**", the contact's information will populate to review/verify
  - b. If you select "**no**", the contact will be flagged for removal

### Notes:

- If you select "**NO**" under lives with student, you will be required to enter the contact address
- A work email address is not needed
- A home and work phone # is optional
- If you need to add a contact: click [+ Add a Parent/Guardian Contact](#)
- a. Be sure to add the contacts you listed on the EMF.
- **Do not duplicate contact information** (such as same phone number or same email) for multiple contacts. The contact information provided **MUST** be specific to the individual listed.

## Step 15:

- Select a contact to be listed as the "**Primary**" contact
  - a. Only one (1) contact can be selected

Confirm DASL Contact Information

If all contact information entered above is complete and accurate, click confirmed you will need to contact Becky Stump at (937) 854-6067 to n

Please select a primary contact from the parent/guardian contacts listed above. We must have one first.


-- Select --

- Once selected, click

✔ I Confirm All Contact Information Above Is Correct

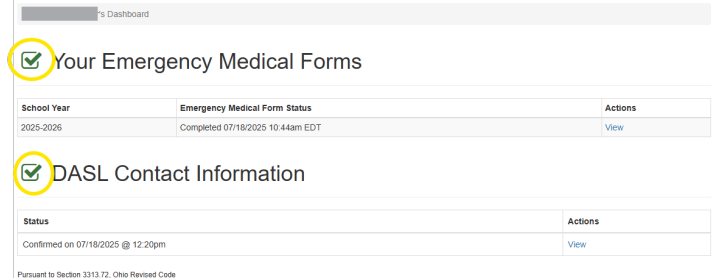
## Step 16:

1. In the top left, click the **student's name** to return to the dashboard
2. Once successfully completed, you should see ✔ next to "DASL Contact Information" on the student's dashboard when you log in to [mvctc.com/emf](https://mvctc.com/emf).



3.  DASL Contact Information

## Step 17:

1. Verify the student's dashboard looks like this:



The screenshot shows a student's dashboard with the following elements:

- Header: Student's Dashboard
- Section 1:  Your Emergency Medical Forms
- Table 1: Emergency Medical Form Status
- Section 2:  DASL Contact Information
- Table 2: DASL Contact Information Status
- Footer: Pursuant to Section 3313.72, Ohio Revised Code

2. **If it does not**, click under "actions" to complete task

## NOTES:

- If you need to make changes or have questions regarding the **Emergency Medical Authorization**, contact the Clinic at (937) 854-6067 or [bstump@mvctc.com](mailto:bstump@mvctc.com)
- If you have questions or need to update your **Contact Information** contact Student Services as (937) 854-6256 or [mewry@mvctc.com](mailto:mewry@mvctc.com)



# THANK YOU

for completing your  Emergency Medical Form &  DASL Contact Verification!