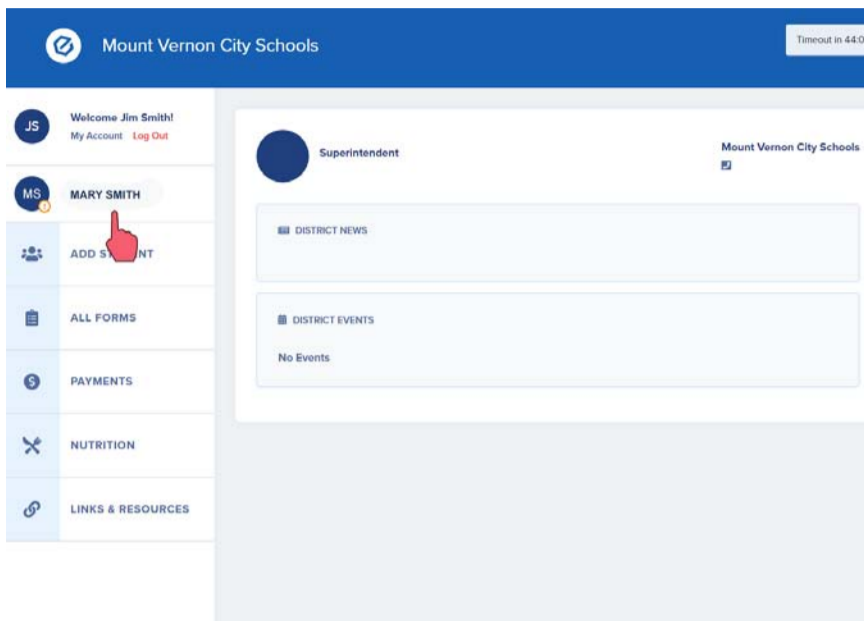


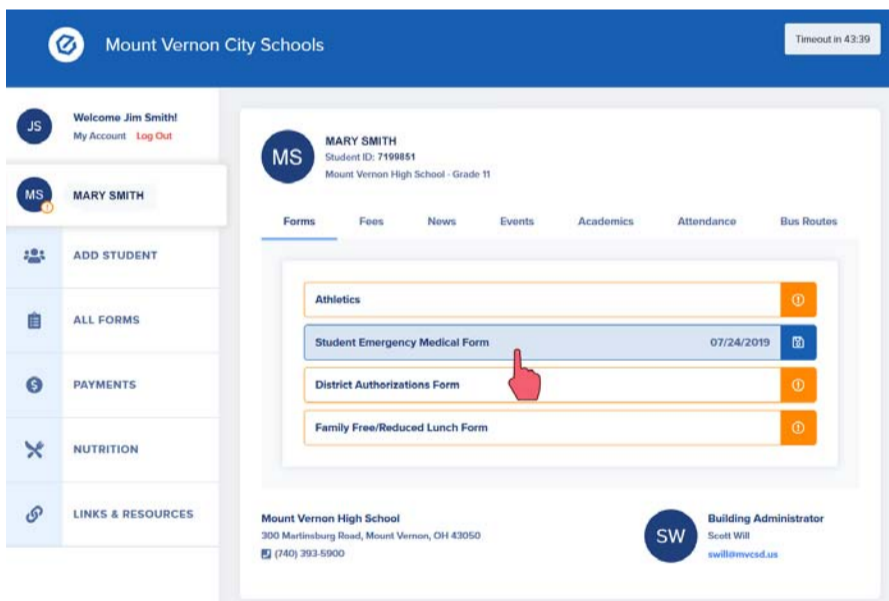
Emergency Medical Form

Mount Vernon City Schools Emergency Medical Authorization Form must be completed through the OneView Parent Portal. Each student attending Mount Vernon City Schools must have the Emergency Medical Authorization Form filled out. Please follow these guidelines.

From your OneView Parent Account page, click on the name of the student for whom you will be completing the **Emergency Medical Authorization Form**. Each year parents must complete an Emergency Medical Authorization Form for each student attending Mount Vernon City Schools.



Select **[Student Emergency Medical Form]**— the Student Emergency Medical Form is one the most important forms for a parent to fill out. There are Eight Parts to the form: Student Demographic Information, Additional Student Information, Parent/Guardian Information, Emergency Contacts, Medical Information, Consent For Emergency Medical Treatment, Parent Agreements and Electronic Signature. All sections need to be completed, reviewed and authorized by the parent/guardian.




Part 1: Student Demographic Information

Check to make sure all student demographic information is correct. **If student information is incorrect, select no and describe what is incorrect.**

Part One: Student Demographic Information

Student Name	Gender	Building & Grade Level	Date of Birth
MARY SMITH	F	Mount Vernon High School - Grade 11	10/16/2011

Is the above information correct? **If information is incorrect, describe what is incorrect with the student data.**

Please Select... 

Residential Address

300 Newark Rd
Mount Vernon, OH 43050-4510

I have changes to make to this residential address

Different Mailing Address?

Check address for accuracy.

If changes are to be made to the residential address check the box and follow instructions.

If your address has changed or you have recently moved, **check the box |I have changes to make to this residential address|** and fill in all information.

Provide Your New Address Below

Because the nature of the above requires district review and approval, the district will examine your changes and contact you to confirm and provide proofs as district policy requires.

New Street Address Street Address Line 2/PO Box

City/State City State Zipcode 43050-4510

Proof Of Residency

Please provide from the following list of document that shows you reside within the boundaries of the Mount Vernon City School District. Acceptable forms of proof include:

* - District reserves the right to modify, change, or request additional documents of a newly enrollment student to ensure the residency requirement is met. Proof of residency can be emailed to dedoup@mvcasd.us.

- Utility Bill - most recent gas, electric or water bill (with address and name on it)
- Purchase Agreement for new home, or Lease Agreement for rental property, or Rental Insurance policy or statement
- Homeowners insurance policy or statement, Mortgage statement
- Property Tax Statement/Bill, Voter Registration Card, Motor Vehicle Registration
- Driver's License/State-issued ID Card with address in district
- Paycheck/employer letter (on employer letterhead)

Document Name/Description	Required To Enroll?	Upload
**Proof Of Residency Document #1	YES Upload or Bring To Appt.	<input type="button" value="Attach A Document"/>

Part 2: Additional Information About Student

Fill in Information About Student. Fields marked with an asterisk * and in bold are required.

Part Two: Additional Student Information

Please provide as much information as possible for student records. Field in **bold** are required.

Preferred Name Primary Phone*: 740-325-3698

County of Residence*: Knox City Of Birth Reston, Virginia

Mother's Maiden Name Jones Student Email Address 21msmith@stu.mvcasd.us

If student has siblings enrolled at the district, please list their name and grade level below

Jill Smith grade 8

Student Lives With
Check all that apply. If 'Other' is checked, please describe.

Both Parents
 Mother
 Father
 Step-Parent
 Guardian
 Other (Describe)

Parent Relationship Status
Check all that apply.

Parents Married
 Parents Separated
 Parents Divorced
 Parents Never Married
 Mother Deceased
 Father Deceased

Part 5: Medical Information

If your student has medical or health issues, select Yes on the pull down menu and only enter pertinent information. **DO NOT ENTER 'N/A', 'NONE' or any other non-medical information.**

Part Five: Medical Information

Does your child have medical/health issues?
Yes

Select yes if there is a medical or health issue.

Only enter medical information in applicable boxes otherwise leave blank.

Please only enter pertinent information. DO NOT ENTER 'N/A' or any other non-medical information.

NOTE: If your child has severe medical concerns that will not fit on this form, we recommend you submit a supplemental letter to your school's nurse outlining in specific detail the medical concerns and appropriate courses of action to take.

Allergy Info Pollen	Type of Reaction Itchy, watery eyes, sneezing
Usual Treatment Over the counter medication - Claritin	Medical Condition(s)
Medications/Treatments	Physical Impairments

Part 6: Consent or Refusal For Emergency Medical Treatment

In the event of an emergency, please select if you GRANT CONSENT for treatment of your child. Fill in information for your medical care providers. If you DO NOT GRANT CONSENT please describe the action(s) you wish school authorities to take.

Part Six: Consent or Refusal For Emergency Medical Treatment

Consent: I GRANT CONSENT for emergency medical treatment of my child

I hereby give my consent for the following medical care providers and local hospital to be called when I cannot be contacted

Doctor Name Dr. First Name Last Name	Phone
Dentist's Name Dr. First Name Last Name	Phone
Specialist Name: Dr. First Name Last Name	Phone
Hospital Knox Community	Phone 740-393-9000

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 preferred doctor indicated, 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 dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical History

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

Allergic to Pollen
Takes Claritin

Family Military Status Grades KG-12

Please select yes or no on the below drop-down items to indicate if your student's family living situation includes one or both parents regarding military service.

Part Seven: Parental Agreements

Family Military Status Grades KG-12

Please indicate Family Military Status

Please Select...
Please Select...
* Not Applicable
A Active Duty
B National Guard
C Reserves

Required - please select one of the drop down choices.

Part 7: Electronic Signature & Authorization

Type in your name - Parent/Guardian Electronic Signature. Finally, be sure to click **|Save and Submit|** to the District button.

Part Eight: Electronic Signature & Authorization

"I agree to complete and submit through electronic means the Emergency Medical Authorization and such other forms, documents and questionnaires as the school district may require."

Digital Signature of Parent/Guardian

James Smith

Date

7/24/2019

"Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of an Emergency Medical Authorization Form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form."

Save

Save & Submit

