



Clark County ESC Preschool
Medway School
116 Middle Street, Medway, OH 45341
937-845-4475
REGISTRATION/EMERGENCY MEDICAL FORM
2026-2027 School Year

Documents required to enroll a student:
Original Copy of birth certificate (with raised seal)
Immunization record
Proof of residency
Current Custody Papers (if applicable)
Current students must have these documents on file in the school office.

I. GENERAL INFORMATION

To be completed by the parent or legal guardian.

Student's Legal Name (First, Middle and Last as it appears on Birth Certificate)		Birth date <i>Mo./Day/Year</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone
Street Address		City		Double-up occupancy: (living with another family in the district) <input type="checkbox"/> temporary <input type="checkbox"/> permanent
P.O. Box		Zip Code	County	
Grade Level for 2026-2027	Native Language	Birth <u>City</u> (from birth certificate)	Mother's Maiden Name	

Names and grade levels of siblings attending Tecumseh Local Schools:	Student Cell Phone # :	Is the student Hispanic or Latino? (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is required by the United States Department of Education and is a US Department of Agricultural Federal requirement.</i>
CUSTODIAL PARENT(S)/ GUARDIAN(S) WITH WHOM THE STUDENT RESIDES <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian/Foster care <input type="checkbox"/> Grandparent <input type="checkbox"/> Agency <input type="checkbox"/> Independent <input type="checkbox"/> Other *explain on back		

Name of Parent / Guardian <u>with whom the student resides</u>	Relationship to child
Employment & Phone	Cellular Phone or alternate number
Email address:	<input type="checkbox"/> Federally employed

Name of Parent / Guardian <u>with whom the student resides</u>	Relationship to child
Employment & Phone	Cellular Phone or alternate number
Email address:	<input type="checkbox"/> Federally employed

Name of Parent (<u>non-residential parent with visitation or other parental rights</u>)	Relationship to child
Employment & Phone	Cellular Phone or alternate number
Email address:	<input type="checkbox"/> Federally employed

Name of Parent (<u>non-residential parent with visitation or other parental rights</u>)	Relationship to child
Employment & Phone	Cellular Phone or alternate number
Email address:	<input type="checkbox"/> Federally employed

IN CASE OF EMERGENCY LIST TWO ALTERNATE CONTACTS (additional space on back)		
NAME	RELATIONSHIP	PHONE(S)
NAME	RELATIONSHIP	PHONE(S)

Physicians Name	Preferred Hospital	Dentist's Name
Phone	Phone	Phone

List all medications this child is taking (prescription and over-the-counter) and the reason for taking them. Check here if more information is on back of form

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personal need to be aware of, attach documentation if necessary.

Has your child received any recent immunizations? NO YES If yes, please attach documentation with dates and types of immunizations received.

II. PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE

All information is complete and correct. I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission to my child's school, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and it's emergency staff have my authorization to provide treatment which a physician deems necessary for the well being of my child. I further agree that the above information on special education services may be supplied to appropriate emergency medical staff.

Signature(s) of Parent/Guardian	Parent/Guardian Name(s) PRINT	Date Signed
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If you do not consent to the emergency treatment of your child, please fill out "Refusal form" on the reverse of this form.

ENTRY DATE	HOMEROOM NUMBER / TEACHER NAME	FOR TRANSPORTATION DEPT USE
STUDENT ID	COUNSELOR	

*****If you do not consent to the emergency treatment of your child, please fill out "Refusal form" below*****

PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT

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 the following action:

Student's Name _____

Parent/Guardian Signature _____ Date _____

Address _____ City _____ ZIP _____

***PLEASE ENTER ADDITIONAL INFORMATION HERE:**

Race Definitions:

White - People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American - Persons having origins in any of the black racial groups in Africa.

Asian - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – Persons having origins in any of the other peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Office note:

Copy completed form on yellow for Emergency Medical Form, blue for Transportation Department