



DANBURY LOCAL SCHOOL DISTRICT  
**EMERGENCY MEDICAL AUTHORIZATION FORM**

PLEASE PRINT – USE INK

**STUDENT INFORMATION**

TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ CURRENT GRADE/HOMEROOM \_\_\_\_\_ BUS # AM \_\_\_\_\_ PM \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 PRIMARY HOME PHONE NUMBER \_\_\_\_\_ STUDENT'S CELL NUMBER \_\_\_\_\_

**CONTACT/RESIDENCY INFORMATION**

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.

STUDENT LIVES WITH:    \_\_\_ Mother and Father            \_\_\_ Mother Only            \_\_\_ Father Only  
                                  \_\_\_ Legal Guardian            \_\_\_ Mother & Step Father            \_\_\_ Father & Step Mother

**MOTHER'S INFORMATION**

Residential/Parent/Legal Guardian     YES     NO

Name: \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you wish to receive school correspondence via email? (if yes):

Email Address: \_\_\_\_\_

**FATHER'S INFORMATION**

Residential/Parent/Legal Guardian     YES     NO

Name: \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you wish to receive school correspondence via email? (if yes):

Email Address: \_\_\_\_\_

**LEGAL GUARDIAN INFORMATION  
OTHER THAN PARENTS**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you wish to receive school correspondence via email ? (if yes):

Email Address: \_\_\_\_\_

**EMERGENCY CONTACTS**

Please list 3 people (locally) we may call in the event of an emergency if the parent/guardian cannot be reached. These emergency contacts also have your permission to pick up your child during the school day. List in order of priority.

1. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student's Name \_\_\_\_\_

List all health concerns or problems: \_\_\_\_\_

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

List all medications currently being administered to the child: \_\_\_\_\_

Please list siblings who attend Danbury \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION ORC 3313.712**

(A) Annually the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent or legal guardian, either as part of any registration form which is in use in the district or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent or legal guardian, authorities of the school in which the pupil is enrolled may permit the parent or legal guardian to make changes in a previously filed form, or to file a new form. If a parent or legal guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child. Even if a parent or legal guardian gives written consent for emergency medical treatment, when a pupil becomes ill or injured and requires medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent or legal guardian before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. B) The emergency medical authorization form provided for in Division (A) of this section is as follows:

**Part I or Part II must be completed. DO NOT COMPLETE BOTH PARTS**

**PART I: TO GRANT CONSENT**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  No Preference

Dentist \_\_\_\_\_ Phone \_\_\_\_\_  No Preference

Hospital \_\_\_\_\_ Phone \_\_\_\_\_  No Preference

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 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 opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**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 needed to know" basis, unless I notify the school nurse in writing that I do not want it shared.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II: REFUSAL TO CONSENT – Do not complete if you have completed PART I**

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**REPRODUCTION OF STUDENT PHOTOGRAPHS, VIDEO, AND LIKENESS**

At times Danbury Local Schools reproduce photos, video, and likenesses of students for the benefit of the community. Some examples may be: calendar, newsletter, website, live audio and recordings, and television broadcasts. This would include interactive and web-based learning broadcasts sponsored by the district with sites outside the school district. Danbury Local Schools does NOT distribute the reproduction of student photos, video, and likenesses to any other entity, unless expressly approved by a parent or guardian.

If you **DO NOT** wish to authorize the reproduction of your child's photo, video or likeness please initial here \_\_\_\_\_