



7325 Westview Drive, Boardman, OH 44512, 330-758-6689

Emergency Medical Authorization 2015-2016

Please print on both sides

_____		_____	
(Name of Student)		(Address of Student)	
_____	_____	_____	_____
(City)	(State)	(Zip)	(Primary Phone Number)
_____	_____	_____	_____
(Grade)	(Room)	(Birth Date)	(Bus Number Assigned)
_____		_____	
(Family Email Address)		_____	

NAME of Public Elementary or Middle School Student Would Attend If Not at Saint Charles _____

Person(s) to be notified in case of emergency:

_____		_____	
(Mother's Name)		(Home Phone #)	
_____		_____	
(Cell Phone #)		(Work Phone #)	
_____		_____	
(Father's Name)		(Home Phone #)	
_____		_____	
(Cell Phone #)		(Work Phone #)	
_____		_____	
(Place of Employment)		(Place of Employment)	

ADDITIONAL CONTACTS IF PARENTS CANNOT BE REACHED:

_____		_____	
(Name)		(Phone #)	
_____		_____	
(Relationship)		_____	
_____		_____	
(Name)		(Phone #)	
_____		_____	
(Relationship)		_____	
_____		_____	
(Family Physician)		(Phone)	
_____		_____	
(Family Dentist)		(Phone)	
_____		_____	
(Preferred Emergency Center or Hospital)		(Phone)	

Please list all pertinent facts concerning the student's medical history, including allergies, medications, and any physical impairment: _____

MEDICATION ALERT: Students requiring medication during the school day will report to the school nurse. **NO MEDICATION WILL BE ADMINISTERED** without a completed authorization form (ivory) from the student's physician and parent. **This includes all non-prescription medication**

PART 1 - TO GRANT REQUEST
 If we or the authorized physician named above cannot be reached at the time of an emergency and if immediate observation or treatment is urgent, we hereby authorize and direct the school authority to send the child, properly accompanied, to the emergency center/hospital or the physician most easily accessible.

_____	_____
Parent/Guardian's Signature	Date

DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1
PART 2 - REFUSAL TO CONSENT
 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 NO ACTION OR TO:

_____	_____
Parent/Guardian's Signature	Date

(Over)

INFORMATION REGARDING LEGAL CUSTODY

to be completed as part of the registration/re-registration agreement

Date: _____

Child's Name: _____ Grade: _____

Address of child's residence: _____

Child lives with: (please check) _____ both parents
(name: _____) _____ natural mother, step/adoptive father
(name: _____) _____ natural father, step/adoptive mother
_____ only mother
_____ only father
_____ grandparents (with legal custody)
_____ other relative (with legal custody)
Relationship: _____
_____ Other – please explain _____

Residential parent(s)/guardian(s): Name _____
Address _____
City, Zip _____
Phone _____

Is there a court order (or pending order) affecting the custody and/or residence of the child? Yes or No
if yes, please complete the rest of this form

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. *This* copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent/guardian: Name _____
Address _____
City, Zip _____
Phone _____

Does the non-residential parent have visitation rights? Yes or No

Is there a court decision that states the non-residential parent should NOT receive school information or attend school activities? Yes or No

Is the non-residential parent responsible for paying tuition? Yes or No

(A completed copy of the school's procedures dealing with family custody situations is included in the family handbook)

Signature of person completing this form: _____

