

Firelands Local Schools Emergency Medical Authorization

Please complete both sides and keep a copy for your records.
Remember to contact your child's school if information changes.

Student Name _____ Grade _____
Last First Middle

Birthdate ____ - ____ - ____ Gender ____ Homeroom _____

Address: _____
Number/Street/Apt. No.

City/State/Zip County Home phone: _____

Student resides with the following adults (circle all that apply):
 mother father stepmother stepfather grandparent guardian other _____
relationship

Custodial parent(s) is/are: _____

Contact list in case of illness or emergency, in order:

1. _____
Parent/Guardian -Last Name/First Name relationship to child weekday email address

Home Phone Work Phone Cell Phone Other Number
2. _____
Parent/Guardian-Last Name/First Name relationship to child weekday email address

Home Phone Work Phone Cell Phone Other Number
3. _____
Contact-Last Name/First Name relationship to child weekday email address

Home Phone Work Phone Cell Phone Other Number
4. _____
Contact-Last Name/First Name relationship to child weekday email address

Home Phone Work Phone Cell Phone Other Number

If there are additional contacts, you may list them on back.

Medical information:

Known allergies:
Chronic illnesses/conditions:
Daily medications:
Other pertinent information:

Please complete reverse side

Grade

Student Last Name/First Name

Additional contacts, if any:

5. _____
 Contact-Last Name/First Name relationship to child weekday email address

 Home Phone Work Phone Cell Phone Other Number

6. _____
 Contact-Last Name/First Name relationship to child weekday email address

 Home Phone Work Phone Cell Phone Other Number

All siblings and other children sharing the same household, including this child (circled):

<i>First & Last Name</i>	<i>Age</i>	<i>First & Last Name</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special instructions:

Custody issues:

Child is not to leave with or have any contact with (court documentation must be provided):

Emergency care - complete EITHER Part A or Part B below, not both:

Part A: Permission for medical emergency requiring admission to an emergency room:

In the event attempts to contact me have been unsuccessful, I hereby GIVE my consent for (1) the administration of emergency care, and (2) transport to any accessible hospital.

Signature of parent/guardian _____ **Date** _____

Preferred hospital:

Preferred doctor:

Any other pertinent instructions:

Should your child be in need of immediate medical attention, the school will call 911 for emergency squad transport. You will be financially responsible for any charges incurred.

Part B: Denial of permission for medical emergency requiring admission to an emergency room:

In the event attempts to contact me have been unsuccessful, I hereby DO NOT GIVE my consent for (1) the administration of emergency care, and (2) transport to any accessible hospital. Instead, I instruct school personnel to _____

Signature of parent/guardian _____ **Date** _____

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic Information’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”