

Grade: _____

Emergency Contact Form for the 2018-2019 School Year

Stud. ID: _____

Warren G. Harding High School

Student's Name: _____ Phone Number: _____
Last First Middle

Birthdate: ____/____/____ Social Security Number: ____-____-____ Eye Color: _____

Home Address: _____ Apt. #: ____ Warren, OH 444 ____

	Parent/Guardian Contact 1	Parent/Guardian Contact 2
Name and Relationship		
Address if different than student		
Primary Contact Phone		
Mobile Phone		
Email Address		
Employer		
Work phone		

Military Status (If applicable): <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Active <input type="radio"/> Inactive <input type="radio"/> Guard <input type="radio"/> Reserve <input type="radio"/> NA	Military Branch: <input type="radio"/> Army <input type="radio"/> Air Force <input type="radio"/> Marines <input type="radio"/> Navy <input type="radio"/> Coast Guard <input type="radio"/> National Guard
Military Status (If applicable): <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Active <input type="radio"/> Inactive <input type="radio"/> Guard <input type="radio"/> Reserve <input type="radio"/> NA	Military Branch: <input type="radio"/> Army <input type="radio"/> Air Force <input type="radio"/> Marines <input type="radio"/> Navy <input type="radio"/> Coast Guard <input type="radio"/> National Guard

Relative or Childcare Provider: _____ Relationship to Child: _____
Address: _____ Telephone Number: _____

**Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who may become ill or injured while under school authority, when parents or guardians cannot be reached.
(Please complete either part 1 or part 2.)**

Part 1 – To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) administration of any treatment deemed necessary by named practitioner 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 dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

	Address	Phone Number
Doctor:		
Dentist:		
Specialist:		
Hospital:		

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted (please list):

Allergies: _____

Medications: _____

Has your child been diagnosed with diabetes? Yes _____ No _____

Other medical information: _____

Signature of Parent: _____

Date: _____

Part 2 – Refusal to Consent

I do not give my consent to 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:

Signature of Parent: _____

Date: _____

Unless otherwise noted on this form, we will release students to their parents or legal guardians only. Please print below the names, relationship to the child and the telephone numbers of anyone else who has your permission to remove your child from school. Please inform these people that they must have a photo ID in order to remove the child from the school building.

I give the school permission to release my child to:

Name	Relationship To Child	Phone Number

If a custody order excludes a parent from picking up a child, we must have this information on file. List below the name(s) of parents or family members **NOT** permitted to pick up the child.
Attach court documentation in order to exclude a parent from picking up the child.

Name	Relationship To Child	Phone Number

Signature of Parent: _____

Date: _____

Please list other siblings attending Warren City Schools this school year.

Sibling's Name	Grade	School

Please provide us with your child's transportation information.

_____ My child will walk to school or be transported by car each day.

_____ My child will ride bus # _____ each day and uses the bus stop at _____.

_____ My child will be transported by a local daycare provider.

Daycare Center's name: _____ Telephone Number: _____

Is there any other information we should know about your child?

If any of the above information should change during this school year, please contact the school immediately with the new information. It is vital that we have a valid telephone number for you or a relative at all times. Your child's safety is very important and in the case of any emergency, we must be able to contact you at all times.