

WICKLIFFE CITY SCHOOLS

LEARN. LEAD. SERVE

2221 Rockefeller Road Wickliffe, Ohio 44092

Phone: 440.943.6900

Fax: 440.943.7738

Web: wickliffeschools.org

EMERGENCY MEDICAL AND STUDENT INFORMATION FORM

(All four (4) sections to be completed by the parent or legal guardian)

2021-2022 SY

Section I: STUDENT DEMOGRAPHICS

Student Name _____ School: WES WMS WHS Student Grade: _____

Person completing this form _____ Relationship to Student _____

Are custody/guardianship papers on file with the school as required by Ohio law (ORC 3313.672)?

Yes No Not Applicable

Section II: HOUSEHOLD DEMOGRAPHIC/ EMERGENCY CONTACT INFORMATION

Confirm the demographic information for your household and child on the Infinite Campus Parent Portal. If changes need to be made, utilize the "update" feature to make necessary changes (subject to approval). If you need assistance, please contact the main office of your child's school prior to submitting this form. *Note that custody/guardianship changes will not be approved via Infinite Campus. Custody/Guardianship changes require that official court paperwork be submitted directly to the school main office.*

Only initial ONE statement:

1. _____ I have reviewed the information in the Infinite Campus Parent Portal and confirmed that it is correct.
(initials)

OR

2. _____ I have reviewed the information in the Infinite Campus Parent Portal and submitted necessary changes.
(initials)

OR

3. _____ I am unable to access Infinite Campus to review, verify, or add demographic/emergency contact information. Please provide **parent/guardian** emergency contact information in the space below:

Parent/Guardian Name: _____

Relationship to child: _____ Email: _____

Phone #1: (____) _____ Phone #2: (____) _____

Parent/Guardian Name: _____

Relationship to child: _____ Email: _____

Phone #1: (____) _____ Phone #2: (____) _____

Parents / Guardians are reminded to inform the main office of your child's school if there are changes during the school year.

- See Reverse for Required Information -

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Section III: OPTIONAL ADDITIONAL INFORMATION

Optional: Please list additional adults (*who are NOT already listed as emergency contacts in Infinite Campus and are NOT listed above*) who are permitted to pick up your child in the event of an illness or emergency:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Phone #1: (____) _____ Phone #1: (____) _____

Phone #2: (____) _____ Phone #2: (____) _____

Section IV: MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of medical treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

OPTION I (TO GRANT CONSENT) In the event reasonable attempts to contact me at (____) _____ (phone number) or _____ (other parent or guardian) at (____) _____ (phone number) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ (preferred physician), (____) _____ (phone) or Dr. _____ (preferred dentist), (____) _____ (phone) or, in the event the designated practitioner is not available, by another licensed physician or any hospital that is reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists (if available), concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and/or any physical impairments to which a physician should be alerted:

Signature of Parent or Guardian Date (DO NOT SIGN IF YOU SIGNED OPTION II)

OR

OPTION II (TO REFUSE CONSENT) 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 no action or to:

Signature of Parent or Guardian Date (DO NOT SIGN IF YOU SIGNED OPTION I)