WICKLIFFE CITY SCHOOLS

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EMERGENCY MEDICAL AND STUDENT INFORMATION FORM

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

2022-2023 SY

Section I: STUDENT DEMOGRAPHICS

Student Name _____(as entered in Infinite Campus)

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

If there are custody/guardianship changes or new documents, please submit those to the main office of your child's school.

Section II: HOUSEHOLD DEMOGRAPHIC/ EMERGENCY CONTACT INFORMATION

Emergency contact information is contained in Infinite Campus and is entered or modified as part of the registration process (new students) or the annual update (returning students). 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.*

If there are demographic changes during the school year, please update the information in the Infinite Campus Parent Portal.

Section III: 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:

_____

_____ _____ (DO NOT SIGN IF YOU SIGNED OPTION II)

Signature of Parent or Guardian Date

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:

_____

_____

_____ _____ (DO NOT SIGN IF YOU SIGNED OPTION I)

Signature of Parent or Guardian Date