

# Student Contact and Emergency Medical Information Form 2011-2012

*This form must be filled out by a Parent/Guardian in its entirety (both sides) and returned to the SCCTC Office*

**STUDENT INFORMATION:**

Student Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_, Ohio, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Native Language: \_\_\_\_\_ Home School: \_\_\_\_\_

Names of siblings attending SCCTC: \_\_\_\_\_

**PARENT/GUARDIAN/CUSTODY INFORMATION:**

Custody of the student belongs to: *Choose One:*

Both Parents \_\_\_\_\_ Shared Parenting \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian/Foster Care \_\_\_\_\_ Grandparent/Relative \_\_\_\_\_

1. Name of Parent/Guardian **with whom the student resides:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name of Parent/Guardian **with whom the student resides:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of **non-residential parent with visitation or parental rights:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT INFORMATION:** *In the event SCCTC is unable to reach any of the contacts listed above, please list additional contact information, in the order you wish for them to be contacted, here.*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide a name of persons other than those listed above who are also authorized to release your child prior to the end of the school day:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE COMPLETE THE MEDICAL/ETHNICITY INFORMATION ON THE REVERSE SIDE** 

Student Last Name: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

List all medications your child is taking (prescription and over-the-counter) and the reason for taking them: \_\_\_\_\_

List allergies to medicines, foods, or other allergens and any medical information such as physical impairments and assistive devices that school staff or emergency personnel need to be aware of, or any additional medical information: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE:** All information on this form is complete and correct. I am the child's custodial parent or legal guardian. In case of emergency I give SCCTC staff permission to contact emergency medical personnel for treatment. If necessary, those emergency personnel may transport my child to the emergency room of the nearest hospital. The hospital and its emergency staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*\*\*Only sign below if you DO NOT consent to emergency medical treatment for your child\*\*\*\*\***

**PARENT/GUARDIAN REFUSAL TO CONSENT FOR MEDICAL TREATMENT:** All information on this form is complete and correct. I am the child's custodial parent or legal guardian. I DO NOT give my permission for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish SCCTC to do the following: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**The United States Department of Education requires the following information be reported:**

**Parent/Guardian must mark at least one of the following to identify the student:**

Is the student of Hispanic/Latino origin? (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin regardless of race) \_\_\_ Yes \_\_\_ No

\_\_\_ **White** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

\_\_\_ **Black or African American** (Persons having origins in any of the black racial groups in Africa.)

\_\_\_ **Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.)

\_\_\_ **American Indian or Alaska Native** (Persons having origins in any of the original peoples of North and South America (including Central America) who maintain tribal affiliation or community attachment.)

\_\_\_ **Native Hawaiian or Other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands.)

**NOTE: If ethnicity is not provided by the Parent/Guardian, SCCTC will use observer identification per state and federal regulations.**