

Sylvania Schools

Student Verification/Emergency Medical Authorization Form

Please verify the information below, write any corrections, and return the form to the school.

STUDENT AND GUARDIAN INFORMATION

Student Information	Current Record	Corrections
Student Name (Grade Level)		
Home Address		
Mailing Address		
Guardianship	Living With	
Date of Birth	Gender	
Home Phone		

	Guardian Information	Current Record		Corrections
Guardian #1	Name			
	Address			
	Home Phone	Unl?		
	Work Phone		Ext:	
	Employer			
	Cell Phone			
	EMail			
	Relationship	Can Pick Up?		
	Emer Contact?	Call Priority		
Guardian #2	Name			
	Address			
	Home Phone	Unl?		
	Work Phone		Ext:	
	Employer			
	Cell Phone			
	EMail			
	Relationship	Can Pick Up?		
	Emer Contact?	Call Priority		

SIBLINGS

Name				
Relationship				
Age				
Gender	(M/F)	(M/F)	(M/F)	(M/F)

Guardian Information		Current Record		Corrections	
Guardian #3	Name				
	Address				
	Home Phone Unl?				
	Work Phone		Ext:		
	Employer				
	Cell Phone				
	EMail				
	Relationship	Can Pick Up?			
Emer Contact?					
Guardian #4	Name				
	Address				
	Home Phone Unl?				
	Work Phone		Ext:		
	Employer				
	Cell Phone				
	EMail				
	Relationship	Can Pick Up?			
Emer Contact?	Call Priority				
Guardian #5	Name				
	Address				
	Home Phone Unl?				
	Work Phone		Ext:		
	Employer				
	Cell Phone				
	EMail				
	Relationship	Can Pick Up?			
Emer Contact?	Call Priority				
Contact Information		Current Record		Corrections	
Contact #1	Name	Call Priority			
	Relationship	Can Pick Up?			
	Home Phone Unl?				
	Work Phone				
	Cell Phone				
	Email				

Contact Information		Current Record		Corrections	
Contact #2	Name	Call Priority			
	Relationship	Can Pick Up?		No	
	Home Phone	Unl?			
	Work Phone		Ext:		
	Cell Phone				
	Email				
Contact #3	Name	Call Priority			
	Relationship	Can Pick Up?		No	
	Home Phone	Unl?			
	Work Phone		Ext:		
	Cell Phone				
	Email				
Contact #4	Name	Call Priority			
	Relationship	Can Pick Up?		No	
	Home Phone	Unl?			
	Work Phone		Ext:		
	Cell Phone				
	Email				
Contact #5	Name	Call Priority			
	Relationship	Can Pick Up?		No	
	Home Phone	Unl?			
	Work Phone		Ext:		
	Cell Phone				
	Email				
Medical Information		Current Record		Corrections	
Preferred Hospital					
Doctor Name / Phone		/			
Dentist Name / Phone		/			
Special Medical Considerations		grass			
Medical Alerts					

Student's Name _____

Grade _____

EMERGENCY MEDICAL AUTHORIZATION

_____ INITIAL TO GRANT CONSENT - I hereby give consent for the 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 for (1) the administration of any treatment deemed necessary by those doctors, or, in the event the designated preferred practitioner is not available, by any other 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.

_____ INITIAL TO REFUSE CONSENT - I do not give my consent for emergency medical treatment for my child named above. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

PERMISSION TO CONTACT USING EMAIL

I give consent (or do not give consent) to communicate with district staff (ie. teachers, counselors, administrators) via email. I understand that my email address will remain confidential and will be not given out or used for any other purposes other than for district and/or school-related information.

_____ has my permission

_____ does not have my permission

PERMISSION TO DISPLAY PHOTOGRAPHS, AUDIO, VIDEO, ELECTRONIC IMAGES, ARTWORK AND/OR STORIES

I give consent (or do not give consent) for photographs, audio, video or electronic images of my student; original written materials, artwork, or other work created by my child during the course of instruction; as well as quoted statements by my child to be used by the district for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media such as the Internet, television, CD-ROM, or DVD, and social media sites. I understand that my student's name may also be used with such display.

_____ has my permission

_____ does not have my permission

PERMISSION FOR INTERNET / INTRANET / NETWORK USE

I give consent (or do not give consent) for my student to utilize the internet. I understand that my child must follow all of the guidelines and policies of the district or privileges will be revoked. Full details may be in the Student Handbook or in your building office.

_____ has my permission

_____ does not have my permission

BUILDING DIRECTORY INFORMATION

I give consent for the use of our name, address, phone number to be used in the building student directory. I understand that this publication is printed and distributed for use by parents within the school. This consent does not give or prohibit the District from use of the same records request which is done under a separate agreement. (letter from the Superintendent).

_____ has my permission

_____ does not have my permission.

Sign: _____ Date _____