

School Year	EMERGENCY MEDICAL AND FIELD TRIP AUTHORIZATION FORM <i>Sidney City Schools, 750 S. Fourth Ave., Sidney, Ohio 45365</i>		
Child's Last Name	First Name	Middle Name	Grade
Date of Birth	County of Residence	Village or Township	Home Phone
Street Address	City	State/Zip	Mother Cell Phone Father Cell Phone
Mother/Guardian First & Last Name	Child Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Daytime Phone
Father/Guardian First & Last Name	Child Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Daytime Phone
If a parent or guardian cannot be contacted and it is advisable to send my child home due to minor illness or injury, he/she can be released in the custody of (list in order of contact preference - #1 first person to be contacted):			
#1.	Relationship	Phone	
#2.	Relationship	Phone	
#3.	Relationship	Phone	
EMERGENCY MEDICAL AUTHORIZATION			
PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. PART I OR PART II MUST BE COMPLETED.			
Part I: TO GRANT CONSENT			
I hereby give consent for the following medical care providers and hospital to be called:			
PHYSICIAN	PHONE		
DENTIST			
LOCAL HOSPITAL			
In the event reasonable attempts to contact parent(s)/guardian(s) listed above have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above named doctors, 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 reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:			
DATE	SIGNATURE OF PARENT OR GUARDIAN		
Part II: REFUSAL OF CONSENT (do not complete this part if you completed Part I)			
I do NOT give my consent for 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:			
DATE	SIGNATURE OF PARENT OR GUARDIAN		
Parent Permission for Field Trips			
I hereby give permission for my child, _____ To participate in any educational trip planned and directed by my child's teacher during this school year. I understand that reasonable precautions will be taken to safeguard my child on field trips as is taken in all other school activities. I further understand I will be informed of the date, destination and purpose of each trip.			
DATE	SIGNATURE OF PARENT OR GUARDIAN		

Sidney City Schools

Student Health Questionnaire

The information requested below begins your child's school health record. This record is required for all new students, regardless of grade level. In order for each child to be given the best individual attention, we ask that you please provide information regarding your child's medical history and physical development. This form should be completed by the parent/guardian and returned with the registration packet. This information will be kept in the student's file and will be reviewed by a Health Department Nurse.

Student Information

Last Name	First Name	Middle Initial	Date of Birth
-----------	------------	----------------	---------------

Address	City	State
---------	------	-------

School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
--------	-------	---

Transferred From (name of school)

Name of Physician	Telephone
-------------------	-----------

Name of Dentist	Telephone
-----------------	-----------

MEDICAL HISTORY

Has your child had any of the following diseases/conditions? If so, please list approximate year below checked box.

- | | | | | |
|--|--------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Mumps | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Measles | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Food/Medicine Allergies (Please list) | |
| <input type="checkbox"/> Skin Conditions (hives, eczema) | <input type="checkbox"/> Other _____ | | | |

Please explain treatment options to the above conditions as needed:

Please list current, regular medications:

(If child needs medications during school hours, please see building secretary for a Physician Medication Authorization form)

Please list any hospitalizations (reasons and dates) and/or any disabilities/medical conditions:

Ear Infections	Hearing Difficulties	Hearing aides <input type="checkbox"/> Yes <input type="checkbox"/> No Right ear left ear both ears
----------------	----------------------	--

Visual Difficulty	Wears Glasses/Contacts
-------------------	------------------------

Date of Last Examination by Eye Specialist

Eating, Sleeping, Bowel/Bladder Problems

Student Residency Form

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night? ☐ N/A – have permanent residence

Check any that apply: ☐ in a shelter ☐ in a motel/hotel ☐ in a car ☐ at a campsite

☐ in another location that is not appropriate for people (e.g., an abandoned building)

☐ temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)

☐ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

Parent/Guardian Printed Name	Signature	Date
------------------------------	-----------	------