

Student Contact and Information Form - Oakwood City School District'

The following information is used to maintain your child's school record. If any changes are needed, please cross out the incorrect information and add new information in spaces provided. **Please sign, date, and return this form during the first week of school.**

Basic Information

Student Name _____ Parent Phone _____ Grade & Homeroom _____
 Address _____ Parent Email _____ Gender _____
 City, State, Zip _____ (for School Communications) DOB _____

Important Alert Information

List below information you feel the school should be aware of regarding custody or other NON_MEDICAL information.

Current Legal Papers on File? YES NO

In the Order to Call box, please number the column with the order in which the school is to make contact with each contact listed below. If unable to reach parents in box below, please list alternate persons to be notified.

Order to Call	Contact Type	Resides With	Contact Name	Home Phone	Work Phone	Cell Phone

Place of Employment: Father _____
 Mother _____

Name, address, and phone of Joint or Non-Custodial Parent: _____

Part I To Grant Consent for Emergencies

I hereby give consent for the following medical care providers and preferred hospital to be called:

Medical Provider	Telephone Number
Doctor:	
Dentist:	
Preferred Hospital:	

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 above-named doctor, 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 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

 Signature of Parent/Guardian Date

Part II - Refusal to Consent

I _____ **do NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury (Parent/Guardian Signature) requiring emergency treatment, I wish the school authorities to take the following action:

If the above information changes during this school year, it is the parent's responsibility to contact the school office.