FREMONT CITY SCHOOLS DISTRICT EMERGENCY MEDICAL AUTHORIZATION (EMA) AND STUDENT REGISTRATION FORM (EMIS) 2014-15

EMIS ID# (For Office Use Only):	Please complete <u>ALL</u> sec													
Address (post office box is not acceptable as a residence address) City	Date of Entry (For Office Us	e Only):	EMIS	D# (For Office	Use O	Only):		DASL ID	# (F	or Office Use Onl	(y):			
Parent Home Phone Parent Cell Phone Pare	Legal Last Name				First			Middle			Suffix	Grade		
Male PART I - ETHINIC CATEGOR PART I - HERITAGE Sithe student of Hispanic Heritage? VES NO	Address (post office box is not acceptable as a residence address)				City				Zip					
PART I - ETINIC CATEGORY FART II - HERITAGE Is the student of Hispanic Heritage? Choose One or more of the Racial Groups below:				Birt	Birth City			Parent Home Phone		ne	Parent C	ell Phone		
PART 11 - HERHTAGE Federal Government Requirement Choose One White Choose one or more of the Racial Groups below:														
Is the student of Hispanic Heritage? Chloses One or more of the Racial Groups below: English Other		GORY		PART 11 – F	IERI	TAGE				Primary Lang	guage Spo	ken at Ho	me	
Choose One White White Choose one or more of the Racial Groups below: Is this student presently under expulsion or supersion? Is this student presently under expulsion or supersion? Multi-Racial Islander American Indian or Native Alaskan Asian Asia								111mm, 2mgange sponen av 110me						
Black/African American	_	•			-			☐English ☐Other						
Black/African American				Choose one o	or more of the Racial Groups below			oups below	Is this student presently under expulsion or					
Matire Hawaiian or Pacific Islander Mative Hawaiian or Native Alaskan Asian Mative Hawaiian or Native Alaskan Mative Hawaii Distriction Mative Hawaii Distriction Mative Hawaii Distriction Mative H		ın												
Native Hawaiian or Pacific Islander Native Alaskan Asian Asian	*													
American Indian or Native Alaskan American Indian or Native Alaskan Asian American Indian or Native Alaskan American Indian or Native Alaskan Asian Asia										☐ Y ES (If yes, please provide copies or paperwork)				
Asian	—									□NO				
Has this student previously attended Feremont City Schools? Building		tive Alas	skan											
No Yes (If) yes, grade level at withdrawal) Building														
Previous School District/Bull Attended Previous School Address/City/State/Zip Phone Fax:							Buildi	ina						
Is student currently receiving special education programs or services? YES NO				ai wiinarawai)		Drovious S			tv/St	eto/Zin	Phonos			
Autism	1 Tevious School District/Di	inuing A	itenueu			1 Tevious S	CHOOL F	Auui ess/Cit	iy/Si	ate/Zip				
Orthopedic Handicap (OH Other Health Impaired (OHI) Specific Learning Disability (SLD) Cognitive Disability (CD)	Is student currently received	ng specia	l educati	on programs	or ser	vices?	YES	□ NO						
Orthopedic Handicap (OH Other Health Impaired (OHI) Specific Learning Disability (SLD) Cognitive Disability (CD)	□Autism		□Deafr	ess (Hearing I	mpair	ment)	Emotio	nal Disturba	ance	(ED)	□Multii	nle Disabil	lities(MD)	
Speech/Language Student resides with: Residential Status of Parents: Student resides with: Residential Status - Do you/child(ren): Single Both Parents Mother only* Mother/Stepfather* Father only* Mother/Stepfather* Father Stepmother* Father Stepmother* Father Stepmother* Father Stepmother* State Stepmother* Separated Grandparents Poot or Grandparent Affidavit required**) Did you move in with another individual or family? YES NO NO Remarried Poot or Grandparent Affidavit required**) Use in a hotel/motel? VES NO No No No No No No No		1)			_					` '	-	-		
Student resides with:				•	,		-	_		(==)			()	
Single					• 1)				us - I	Do you/child(re	n):			
Separated Father only* Mother/Stepfather* Did you move in with another individual or family? YES NO Separated Grandparents Grandparents Did you move in with another individual or family? YES NO No Separated Grandparents Grandparents Did you move in with another individual or family? YES NO No Separated Grandparents Grandparents Did you move in with another individual or family? YES NO No Separated Grandparents Grandparents Did you move in with another individual or family? YES NO No Separated Grandparents Grandparents Did you move in with another individual or family? YES NO NO Separated Grandparents Grandparents Did you move in with another individual or family? YES NO NO Did you move in with another individual or family? YES NO NO Did you move in with another individual or family? YES NO NO Did you move in with another individual or family? YES NO NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you move in with another individual or family? YES NO Did you nove in with another individual or family? YES NO Did you nove in with another individual or family? YES NO Did you nove in with another individual or family? YES NO Did you nove in with another individual or family? YES NO Did you nove in with another individual or family? YES NO Did you nove in with another individual or family YES NO Did you nove in with another individual or family YES NO Did you nove in with another individual or family YES NO Did you nove in with another Nother	□g:1.		1. D		1	.1 ¥						x /r	ec 🗆 No	
Grandparents Grandparents Did you move in with another individual or family? YES NO Separated Divorced Grandparent Affidavit required**) Live in a hotel/motel? TYES NO Other(please describe) Other(please describe) Other(please describe) Other(please describe) NO NO NO NO NO NO NO N								n a public o	or pri	vate operated sn	elter?	∟ұғ	2S □NO	
Separated Grandparents (POA or Grandparent Affidavit required**) Live in a hotel/motel? YES NO	_						Did you move in with another individual or family? TYES NO							
Remarried							, ,					_		
Foster rainly Other*: Other(please describe)		(POA o	_				Live in a hotel/motel?			•		□YI	ES NO	
If the student is not living with both parents, is there a temporary or permanent custody order/decree allocating parental rights and responsibilitie YES (If yes, you must provide a certified copy of the custody order) NO		_	☐ Foster Family			Other(please des			ribe)				
RESIDENTIAL PARENT/GUARDIAN INFORMATION: (required) Last Name(s), First Name(s), Home Phone	widowed	\square Oth	☐ Other*:			Other(prease describe			21100)				
Last Name(s)	*If the student is not living with both parents, is there a temporary or permanent custody order/decree allocating parental rights and responsibilitie VES. (If yes, you must provide a certified copy of the custody order) NO													
Address (if different from above) City/State/Zip Name: Place of Employment Work Phone Cell Name: Place of Employment Work Phone Cell NON-RESIDENTIAL PARENT INFORMATION: Last Name(s) First Name(s) Relationship Address (if different from above) City/State/Zip Home Phone Place of Employment Work Phone Cell Home Phone Place of Employment Work Phone Cell ADDITIONAL EMERGENCY CONTACTS NOT LISTED ABOVE: Last Name(s) First Name(s) Relationship Address (if different from above) Phone Work Cell Last Name(s) Relationship Address (if different from above) Phone Work Cell Last Name(s) Relationship Address (if different from above) Phone Work Cell Last Name(s) Relationship	RESIDENTIAL PARENT/G								/					
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Address (if different from above) Phone Work Cell	Address (if different from above)_				Pl	none		Work_			Cell_			
	Last Name(s)				Fi	rst Name(s)_				F	Relationsh	ip		
PLEASE COMPLETE OTHER SIDE Page 1 of 2	Address (if different from above)_				Pl	none		Work_			Cell_			
					ΡI	EASE COM	PLETE:	OTHER SID	ЭE				Page 1 of 2	

Please list all siblings who attend Fremont City Schools:		
Last Name	First Name	
Last Name		
Last Name		
Last Name		
Last Name	First Name	Current Grade
SIGNATURE OF PERSON ENROLLING STUDENT	RELATIONSHIP	DATE
	ΓE AND SIGN EITHER PART I	
PART I: I hereby give consent for the following med		
Doctor		Phone
Dentist		Phone
Vision Specialist		Phone
PLEASE NOTE: Sandusky County EMS will transpo please specify below and understand the greater travel of		County – (If you would prefer another hospital
Hospital (if other than Memorial)		Phone
another licensed physician or dentist; and (2) the transcription of cover major surgery unless the medical opinions surgery, are obtained prior to the performance of medical history needs the following information:	of two other licensed physicians or f such surgery. Any hospital or p	dentists, concurring in the necessity for such ractitioner not having access to the child's
Date of last tetanus shotAller	gies	
Medication Being Taken		
Physical impairments (heart, epilepsy, etc.)		
Other pertinent facts to which a physician should be ale	rted:	
PARENT/GUARDIAN SIGNATURE		
PART II I DO NOT give my consent for emergency medical tre wish the school authorities to take the following action:	atment of my child. In the event of illi	
PARENT/GUARDIAN SIGNATURE	Date	
As stated in Section 3313.712 of Ohio Law, this section also the law provides that the amorphory modified form must be a	requires that this form, which is a facsimile	e of the form included in section 3313.712 be used.

The law provides that the emergency medical form must be on file by October 1 of the current school year or the student will not be permitted to participate in any school function or activity.