

## TECUMSEH LOCAL SCHOOL DISTRICT

### REGISTRATION/EMERGENCY MEDICAL FORM

2013 - 2014 School Year

|  |   |   |  |
|--|---|---|--|
| <b>Documents require to enroll a student</b>   |   |   |  |
| 1. Original copy of Birth Certificate  | 4. Current custody papers, if applicable  |   |  |
| 2. Immunization record   | 5. Proof of residency or approved Open Enrollment application if residing outside of district attendance area |   |  |
| 3. Social Security Card  | 6. Parent/Guardian identification   |   |  |
| <b>Current students must have copies of these documents in the school office.</b>  |   |   |  |
| <b>General Student Information</b>   |   |   |  |
| To be completed by the parent or legal guardian (or the student if age 18 or older). PLEASE COMPLETE ALL SECTIONS.   |   |   |  |
| <b>Student's Legal Name</b> (first, middle, last - as it appears on Birth Certificate, including suffixes such as II, Jr., etc.)   |   | Birth Date (Mo/Day/Yr)  | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F  |
|  |   |   | Home Phone #<br><input type="checkbox"/> check if unlisted   |
| Street Address   |   | City  | State  |
|  |   |   | Zip Code   |
| Grade level for 2013 - 2014  | Native Language   | Birth <u>CITY</u> (from Birth Certificate)  | Is your child permitted to participate in school field trips and other school related activities for which s/he may be transported? <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| Custodial Parent(s)/Guardians with whom the student resides:<br><input type="checkbox"/> both parents <input type="checkbox"/> shared parenting<br><input type="checkbox"/> mother only <input type="checkbox"/> guardian<br><input type="checkbox"/> father only <input type="checkbox"/> grandparent<br><input type="checkbox"/> agency <input type="checkbox"/> independent<br><input type="checkbox"/> Foster <input type="checkbox"/> other*  |   | Marital Status of Custodial Parent(s):<br><input type="checkbox"/> married<br><input type="checkbox"/> separated<br><input type="checkbox"/> divorced<br><input type="checkbox"/> widowed<br><input type="checkbox"/> single/never married  | Ethnicity - Please check one. <i>This information is required by the Ohio Dept. of Education</i><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> African American, not of Hispanic origin<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Caucasian, not of Hispanic origin<br><input type="checkbox"/> Multiracial |
| *Please explain on back of form. All custody paperwork must be on file. Residential parent is required to notify building of any changes in custody.   |   | Names & grade levels of siblings attending Tecumseh Local Schools: (*use back of form if needed)  |  |
| <b>Name of Parent/Guardian with whom the student resides</b>   |   | Maiden Name (if applicable)   | Relationship to Child  |
| Place of Employment  |   | Work Phone  | Cell or Alt. #   |
| <b>Name of Parent/Guardian with whom the student resides</b>   |   | Maiden Name (if applicable)   | Relationship to Child  |
| Place of Employment  |   | Work Phone  | Cell or Alt. #   |
| <b>Name of Parent/Guardian with whom student does NOT reside</b>   |   | Maiden Name (if applicable)   | Relationship to Child  |
| <b>Nonresidential Parent/Guardian Address</b>  |   | City  | State & Zip  |
|  |   |   | Home Phone #   |
| Place of Employment  |   | Work Phone  | Cell or Alt. #   |
| <b>Media Consent:</b> In an effort to keep our community informed of school events and to promote the achievements of our students, we may photograph, videotape, and/or copy student work or images for publication in school newsletters, local newspapers, on the Internet, for other education institutions, and on cable television stations. Your child's image, name, work product, school, or grade maybe revealed, but no other information will be revealed without prior consent. Please sign below to show that you have read this statement and grant permission for your child's information be revealed as indicated above. If you wish to restrict use of your child's information as indicated above, please write a statement on the back* of this form.<br>Parent Initial _____ |   | <b>Student Use of Internet:</b> The Internet is an integral part of the education program at Tecumseh Local. Students access may web-based educational programs. The Board of Education has taken available precautions to restrict and/or control student access to material that is objectionable or inappropriate. A copy of the Board of Education policy is available on the Tecumseh website, or you may contact your child's building for a copy. Please initial below to show that you have read this statement and grant permission for your child to use the internet at school. If you wish to restrict your child's access, please write a statement on the back* of this form.<br><br>Parent Initial _____ |  |
| <b>Parent E-mail Contact Information (Please Print)</b>  |   |   |  |
| E-mail address: _____  |   | E-mail address: _____   |  |

Page 1 of 2 (Emergency Medical Information is on the reverse side of this form.)

|  |                               |             |
|--|-------------------------------|-------------|
| <b>Office Use Only</b>   | Homeroom Teacher/Room # _____ | Grade _____ |
| School attending: <input type="checkbox"/> Donnelsville Elementary <input type="checkbox"/> New Carlisle Elementary <input type="checkbox"/> Park Layne Elementary <input type="checkbox"/> Tecumseh Middle School <input type="checkbox"/> Tecumseh High School |                               |             |

| II. Emergency Medical Information and Parent/Guardian Signature   |  |                        |        |                |
|---|--|------------------------|--------|----------------|
| Student's Legal Name (first, middle, last) as it appears on birth certificate, including suffixes such as II, Jr., etc.)  |  | Birth Date (Mo/Day/Yr) |        | Grade          |
| Street Address  |  | City                   | State  | Zip Code       |
| Emergency Contact Information   |  |                        |        |                |
| The parent and alternate contact information you provide below will be used in case of an emergency with your child. Parents will be contacted first. If a parent cannot be reached, the alternates will be contacted in the order you provide. |  |                        |        |                |
| Name of Parent/Guardian   | Relationship   | Home #                 | Cell # | Work #         |
| Name of Parent/Guardian   | Relationship   | Home #                 | Cell # | Work #         |
| 1. Alternate Contact Name   | Relationship   | Home #                 | Cell # | Work #         |
| Alternate Contact Address   |  | City                   | State  | Zip            |
| 2. Alternate Contact Name   | Relationship   | Home #                 | Cell # | Work #         |
| Alternate Contact Address   |  | City                   | State  | Zip            |
| Physician's Name  |  | Preferred Hospital     |        | Dentist's Name |
| Phone   |  | Phone                  |        | Phone          |
| List all medications this child is taking (prescription and over-the-counter) and the reason for taking them.   |  |                        |        |                |
| List allergies to medicine, food, 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. Attach documentation if necessary.          |  |                        |        |                |
| Known Medical Conditions  |  |                        |        |                |
| Has your child recently received immunizations? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please attach documentation with dates and types received.)   |  |                        |        |                |
| CONSENT/REFUSAL FOR EMERGENCY MEDICAL TREATMENT   |  |                        |        |                |
| Please check and initial below indicating <b>either</b> your consent <b>or</b> your refusal to consent for treatment of your child in the event of an emergency and you cannot be reached.  |  |                        |        |                |
| <input type="checkbox"/> _____(initial) <b>Consent</b>  | I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission to my child's school, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital, and its emergency staff have my authorization to provide treatment which a physical deems necessary for the well being of my child |                        |        |                |
| <input type="checkbox"/> _____(initial) <b>Refusal</b>  | 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: _____   |                        |        |                |
| *Enter additional information from front of form here: _____  |  |                        |        |                |
| All Information on this form is complete and correct to the best of my knowledge.   |  |                        |        |                |
| Signature Required - Parent/Guardian _____ Date _____   |  |                        |        |                |