

School _____
 Grade _____

Family Information for Defiance City Schools

Year 2011-2012
 Student eSIS Number _____

	Legal Last Name	Legal First Name	Legal Middle Name	Gender (Circle)	Soc. Sec. Number	Date of Birth Mo/Day/Yr	Place of Birth City, State & Zip
Student				M F			
Mother				Mother's Maiden Name		Student's Address	
Father				_____			
Step Parent or Guardian				_____			

_____ **Home Phone Number**

Address of Second Household, if Applicable (Circle: Father's, Mother's, or Guardian's)

Student lives with (Circle All That Apply):

Both Parents	Father
Mother	Guardian
Stepmother	Stepfather

_____ **Home Phone Number of 2nd Household, if Applicable**

Parents employed at: Father _____

Mother _____

_____ **Email of First Household, if Applicable**

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

_____ **Email of Second Household, if Applicable**

Student Ethnic Origin (Circle One): White Hispanic Black Asian Other

Native or first language: _____

If parents are divorced or separated Who has legal (court appointed) custody? _____

Is there a restraining order? Yes No Against whom? _____

School student last attended _____ **Grade** _____ **Address** _____

Brother(s) / Sister(s) Name	Age	Grade	School Attending	
_____	_____	_____	_____	Student may accompany class on school-organized field trip..... Yes No
_____	_____	_____	_____	Student's picture may be used for publication..... Yes No
_____	_____	_____	_____	Student may serve as a helper in the cafeteria (only grades 3 & 4)..... Yes No
_____	_____	_____	_____	Remarks about your child (include any handicaps, all allergies, or medical problems): _____ _____
_____	_____	_____	_____	

Please complete all items --
 front and back of this form.



Signature of Parent/Guardian

Date

EMERGENCY CONTACT INFORMATION

O.R.C. 3313.712

Student Name _____ Grade ____ Classroom Teacher _____

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. Please list contacts in order of preference.

Name	Phone No. & Type of Phone	Relationship to Student	Address
1.			
2.			
3.			
4.			
5.			
6.			

PART I or II MUST BE COMPLETED

Part I – To Grant Consent

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

Doctor _____ Phone _____
 Dentist _____ Phone _____
 Medical Specialist _____ Phone _____
 Local Hospital _____ Phone _____

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:

Date _____

Signature of Parent/Guardian

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____

Signature of Parent/Guardian _____