

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
<b>Student</b>				M F			
<b>Mother</b>				<b>Mother's Maiden Name</b>		<b>Student's Address</b>	
<b>Father</b>				_____			
<b>Step Parent or Guardian</b>				_____			

\_\_\_\_\_ **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 2<sup>nd</sup> 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:

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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:

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Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_