STUDENT EMERGENCY FORM

Date __________ Room _______ Teacher __________

HEALTH CONDITIONS: (check box)
☐ Asthma        ☐ Bee Sting Allergy
☐ Diabetes      ☐ Seizures
☐ Food/Medication Allergy (please list)

Other (please explain):
☐ Other ________

STUDENT FORM EMERGENCY
Cleveland Metropolitan School District

SCHOOL DISTRICT
(Ret urn to School Off ice )

Vh l on to Vlc;to1y HEAL TH CONDITIONS: (c h ecl<tx,,J

Student's Name: _________________________________________

Date of Birth: __________ Sex: □ Male □ Female Grade ________

Birth Date: [month day year]

Parent/Guardian Name: ____________________________ Relationship:

Home Address: ____________________________ Phone Number: ________

School: _______________________ Room: _______

The following is required by Section 3313.712 of the Ohio Revised Code.

EMERGENCY MEDICAL AUTHORIZATION

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.

FAC T S CO N C ERN I N G T H E CH I LD' S ME D I C A L HI ST ORY I N C L U D IN G A LL E R G I E S M E D I C AT I O N S BE I NG T AK E N , A N D A N Y PHYS I C A L I M PA IR M E N TS to which a physician should be alerted.

Family Physicians: ____________________________ Address: ____________________________ Phone: __________

Signature of Parent or Guardian __________ Date __________

Cleveland Metropolitan School District

EMERGENCY DATA FORM

Student's Name: ____________________________

Address: ____________________________ Phone Number: ________

School: _______________________ Room: _______

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ALL BLANKS MUST BE COMPLETED

In the event reasonable attempts to contact me at ________ (phone) or ________ (other parent) at ________ (phone) have been unsuccessful school personnel will call 911.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS to which a physician should be alerted.

Grade ________

Other children/siblings at this school: (list name and grade)

1. _______________

2. _______________

3. _______________

Signature of Parent/Guardian __________ Date __________