

PLEASE USE PEN

STUDENT INFORMATION SHEET

R.F. McMullen School 2016-2017

Student Name _____ Grade _____ Homeroom Teacher _____ Bus # _____

Address _____
 Street or Road Number _____ P.O. Box _____ Town _____ Zip _____

Home/Cell Phone # (_____) _____ Unlisted? Yes or No Student's Birth Date ____/____/____

Pupil lives with: _____
 Both Parents Shared Parenting Custodial Mother Custodial Father Step-Parent Guardian

Father's Name _____ Home/Cell Phone # (_____) _____

Parent Address _____

If different than student _____ E-Mail: _____

Place of Employment _____ Work Phone # (_____) _____

Mother's Name _____ Home/Cell Phone # (_____) _____

Parent Address _____

If different than student _____ E-Mail: _____

Place of Employment _____ Work Phone # (_____) _____

Step-Parent Name _____ Home/Cell Phone # (_____) _____

Place of Employment _____ Work Phone # (_____) _____

E-Mail: _____

Guardian's Name _____ Home/Cell Phone # (_____) _____

Place of Employment _____ Work Phone # (_____) _____

Office use only – Legal custody papers on file _____ E-Mail: _____

If applicable, indicate caseworker information:

Name _____ Phone _____

EMERGENCY MEDICAL AUTHORIZATION

In order to better serve you and to offer the best protection and safety for your child, please list the name and phone numbers of individuals you would allow to pick up your child in the event we are not able to contact you (for instance: illness, injury or emergency dismissal).

EVERY ATTEMPT WILL BE MADE TO CONTACT THE RESIDENTIAL PARENT FIRST.

| Emergency Contacts | Name | Number(s) |
|--------------------|------|--------------------------------------|
| First Contact | | # 1 Phone: _____ # 2 Phone: _____ |
| Second Contact | | # 1 Phone: _____ # 2 Phone: _____ |
| Third Contact | | # 1 Phone: _____ # 2 Phone: _____ |
| Preferred Hospital | | |
| Preferred Doctor | | |

PLEASE COMPLETE THE REVERSE SIDE.

Notify school office staff promptly if any information changes during the school year.

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WHO SHOULD TEACHERS CALL IF THERE IS A NEED TO DISCUSS ACADEMIC PERFORMANCE?

Name _____ Number _____

Would you prefer to be contacted by email instead of phone? YES NO

Email Address: _____

Give the following information about student's school-aged brothers and sisters.

| Name | Grade | School |
|------|-------|--------|
| | | |
| | | |
| | | |
| | | |

FIELD TRIP PERMISSION: Student's Name: _____

_____ **HAS my permission** OR _____ **DOES NOT have my permission** to participate in field trips sponsored by the Loudonville-Perrysville Schools during the 2016-17 school year. I understand that all field trips will be conducted either under the supervision of staff members of the L-P District or by other personnel approved by the Loudonville-Perrysville EVSD Board of Education.

Parent/Student Handbook: A digital copy is available to me at www.lpschools.k12.oh.us/mcm under Student Information. A paper copy can be obtained by contacting the school office at 419-994-3913.

Emergency Medical Situations (check either Part 1 or Part 2)

When a student is ill or injured, we will always try to contact a custodial parent/guardian first. In a **MEDICAL EMERGENCY**, the school will contact the Loudonville/Perrysville Emergency Squad first and immediately call the parent/guardian.

_____ **Part 1: I hereby give my consent** for the administration of any treatment deemed necessary in the event of a medical emergency. 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. **LIST BELOW FACTS CONCERNING THE CHILD'S MEDICAL HISTORY A DOCTOR SHOULD BE ALERTED TO.**

Medical History: _____

Allergic Reaction to _____

Medications taken daily: _____

_____ **Part 2: Refusal To Consent:** In a medical emergency situation, what do you want school personnel to do?

To the best of my knowledge, all of the information on both sides of this form is true, **AND, as indicated above** I give, *or do not give*, my permission for fieldtrips; *and* I grant, *or refuse to grant* permission for medical treatment.

Parent/Guardian Signature _____ Date _____

This form is VOID without the Parent/Guardian Signature

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