

Student Emergency/Authorization Form

Student's Legal Name: _____ Grade: _____

Birth Date:

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 Gender: Male Female
Month Day Year

Home Address: _____

Parent/Guardian Name: _____ Relationship: _____

Phone #s: Home _____ Cell _____ Work _____

Child lives with: Mother Father Caregiver/Guardian Other _____

Language Spoken in the Home: _____

School: _____ Teacher: _____ Room: _____

Does your child require medication at school? Yes No Will your child need to receive injections at school? Yes No

If yes, specify: _____ If yes, specify: _____

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

My child should be transported to _____ Hospital.

HEALTH CONDITIONS: (Check all that applies)

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Sickle Cell Disease | |
| <input type="checkbox"/> Food/Medication Allergy (Please list) _____ | |
| _____ | |
| <input type="checkbox"/> Other (Please explain) _____ | |
| _____ | |

Other children/sibling in the District: (List name and grade)

1. _____
2. _____
3. _____

Permission to Contact Using Email

Email Address: _____

Dayton Public Schools encourages parents/guardians to participate in any and all forms of communication that will enhance the student's potential for success in school.

I do/do not give my consent to be contacted by school staff members by email. I understand that my email address will remain confidential and will not be given out or used for any purposes other than for district and/or school-related information. Upon your consenting signature on this document, Dayton Public Schools staff members may use the email address you provided on this form.

I give my consent. I do not give my consent. I do not have an email.

Permission to Display Artwork, Stories

I do/do not give consent for original written materials, artwork or other work created by my child during the course of instruction; to be used by the school District outside the school setting for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio or other electronic media such as the district's website and/or social media pages, television, CD_ROM or DVD. I understand that my child's full name may also be used with such display.

I give my consent. I do not give my consent.

Permission to Participate in Field Trips

I do/do not give consent to have my child participate in field trips and community experiences (including RTA travel) as a necessary part of the educational process for Dayton Public Schools, as indicated by my signature below.

I give my consent. I do not give my consent.

Permission to be Assessed

I do/do not give consent for my child to be given educational assessments by the school district personnel on an as needed basis during the school year.

I give my consent. I do not give my consent.

Permission to be Seen by the Nurse

I do/do not give consent for my child to be examined by the school's nurse (this excludes the state mandated vision and hearing screenings).

I give my consent. I do not give my consent.

Permission to be Included in Roster - PRESCHOOL ONLY

I do/do not give consent to include my name and my child's name and phone number in a class roster to be available upon request by a parent in class.

I give my consent. I do not give my consent.

Signature of Parent/Guardian

Date