

**NEW RICHMOND EXEMPTED VILLAGE SCHOOL DISTRICT  
EMERGENCY MEDICAL AUTHORIZATION / CONTACT INFORMATION**

Student Name \_\_\_\_\_ (M / F) Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Birth City of Child \_\_\_\_\_  
Current Grade \_\_\_\_\_ Previous School Attended \_\_\_\_\_ U.S. Citizen Y / N

Is the student Hispanic? Y / N, if No mark one below

\_\_ Asian or Pacific Islander \_\_ African American \_\_ American Indian/Alaskan \_\_ Multi Racial \_\_ White, Non-Hispanic  
I understand that State and Federal regulations require the school district to report each child's ethnicity & race. If I choose not to indicate my child's race, the NREVSD is required by law to identify my child as multi-racial

Custody:  Lives with both parents  Parents Divorced  Joint Custody  
 Mother Custody  Father Custody  Foster Placed

Siblings: please list siblings full name and school where they attend

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_  
Alternate Email Address \_\_\_\_\_

**Emergency Medical Information**

Mother \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Father \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Relative \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Other Adult \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Other Adult \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Please list any #'s that could be used to contact you in the event of an emergency/ Please keep information current with school office

**PART I OR II MUST BE COMPLETED**

**PART I – To Grant Consent:**

In the event that reasonable attempts to contact me have been unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by EMS personnel contacted by the staff; and (2) the transfer of my child to any hospital reasonably accessible.

Facts concerning my child's medical history including allergies, medications being taken, and any physical impairments to which a physician/school employees should be alerted/aware:

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II – Refusal to Grant Consent**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school personnel to take the following action:

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_