



Fairborn City Schools
Board of Education (937) 878-3961
STUDENT INFORMATION / EMERGENCY MEDICAL FORM
2011-2012 SCHOOL YEAR

This form is available online at: www.fairborn.k12.oh.us
You can fill out the form, print and sign and turn in to the School Main Office.

- Documents Required To Enroll A Student:**
 1. Certified Copy Of Birth Certificate (With Raised Seal)
 2. Immunization Record
 3. Proof Of Residency
 4. Current Custody Papers (If Applicable)
Current students must have these documents on file in the school office.

GENERAL STUDENT INFORMATION – To be Completed by the Parent or Legal Guardian. Please use Student's Legal Name (as it appears on the birth certificate) (PLEASE PRINT)						
Last		First	Middle	Called Name (If Not First Name)	Birth Date M/D/YR	<input type="checkbox"/> M <input type="checkbox"/> F
Address		City		Zip	Grade Level for 2011-2012	
Primary Phone Number (First Number to Call)		Primary Email		<input type="checkbox"/> Independent Enrolling (over 18)		Homeroom Teacher or Team

The area below is to be filled out by the person(s) with custody and with whom the student lives. **All Custody Paperwork Must Be On File. Residential parent is required to provide proof to the building of any changes in custody, name change, or address. [Ohio Revised Code: 3313.672(b)] Please Note: Address change can only be made with proof of residency verifying new address.**

Parent/Guardian Name	Address (If Different From Student's)	Home Phone	Cell Phone	Place of Employment	Work Phone	Federal Property Reside on OR Work on	If Active Duty Rank
Father						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Step Parent						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grandparent(s)						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

Living with Student?	Separated	Divorced	Has Legal Custody	Has Joint Custody	Shared Parenting	Do you have custody paperwork, protection order and/or restraining order on file that involves your child? Custody Paperwork <input type="checkbox"/> Yes Protection order <input type="checkbox"/> Yes Restraining order <input type="checkbox"/> Yes Comment:	
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court Placed <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Placed <input type="checkbox"/> Yes <input type="checkbox"/> No				
Grandparent(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court Placed <input type="checkbox"/> Yes <input type="checkbox"/> No	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:			

CONSENTS / AGREEMENTS - Parents / Legal Guardians are asked to indicate whether they grant consent / agree or deny consent / do not agree to each of the following two items:

- YES NO Permission to publish your child's photograph, name, and/or school work. Reference Guideline File: JHFE-G
- YES NO Student and parent have received and understand the Computer/Access and Internet Safety policies, and agree to the terms that permit the use of a computer internet account for student use. This information is in the student handbook/agenda, and FCS Policy Manual File: EDE-R

Parent/guardian signature below indicates that they and their student have received and understand the contents of the Fairborn City Schools Handbook / Agenda. Contact your child's school with any questions.

FHS Students Only I will send written notification if I do not consent to the district release of my secondary student's directory information to military recruiters and/or colleges and institutions of higher learning.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ **DATE SIGNED** _____

THIS OUTLINED BOX IS FOR NEW ENROLLMENTS ONLY						
Previous Fairborn Student? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what school year last attended?	Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gifted Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Origin	Native Language	Birth City (as on Birth Certificate)	
Last School Attended (Name/City/State)				Limited English? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

THIS INFORMATION IS REQUIRED BY THE OHIO and FEDERAL DEPARTMENTS OF EDUCATION Is Your Student Hispanic? YES NO **(It is required that you check one of these boxes)**

Please choose one or more racial groups below as they apply to your child.

Asian
 Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 White

M F

Last Name First Name Middle Initial Called Name Birth Date M/D/YR Gender Grade Level for 2010-2011

EMERGENCY MEDICAL AUTHORIZATION

- YES NO **Do you need health insurance for your child?**
- YES NO **Allergies:** Specify/Typical Reaction _____
- YES NO **Food Allergies:** Specify/Typical Reaction _____
- YES NO **Bee Sting Allergy:** Specify/Typical Reaction _____
- YES NO **Epi-Pen** Prescribed for: _____
- YES NO **Asthma:** If yes, Inhaler Authorization Form must be completed.
- YES NO **Seizures:** Emergency seizure medications? _____
Name of medications _____
- YES NO **Diabetes:** Emergency diabetic medications? _____
Name of medications _____
- YES NO **Heart Problem Known?** What type of condition if yes? _____
- YES NO **Does your student take medications regularly?** Specify _____
Name of medications, amount taken, how often _____
- YES NO **Will your student take medication at school?** If yes, Permission to Dispense Medication Form must be completed.
- YES NO **Are there any other medical conditions that school personnel should know?** _____

Part 1 or Part 2 Must Be Completed

PART 1: TO GRANT CONSENT

Health History Informed Consent: The disclosure of student health information is limited to the information necessary to serve the student's health interest. Your signature is an informed consent to share this health history information with staff on a need-to-know basis for emergency plans.

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/Emergency Room	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 doctors, or, in the event the designated 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 that surgery.

Signature of Parent/Legal Guardian _____ Date _____

Part 2: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child in the event of illness or injury. I wish the school authorities to take the following action:

Signature of Parent/Legal Guardian _____ Date _____

NAMES OF SIBLINGS ATTENDING FAIRBORN CITY SCHOOLS

I ONLY AUTHORIZE THE FOLLOWING PEOPLE TO PICK UP MY CHILD OR BE CONTACTED IN AN EMERGENCY. I WILL INFORM THEM THAT THEY MUST SHOW A PHOTO ID.

	Name	Relationship	Phone Number	Phone Number
1.				
2.				
3.				
4.				