VALLEY VIEW SCHOOL DISTRICT EMERGENCY MEDICAL AUTHORIZATION

Enrolled at:Primary SchoolIn	termediate School	lJunior High	n SchoolHi	gh School
Student's Name			Phone	
First	Middle	Last		
Mailing Address			Apt. No	Grade
City	Zip Code	Birth D	ate	Gender
Purpose- To enable parents and gua who become ill or injured Residential Parent or Guardian (List in o	while under schoo	l authority, when p Please check this	parents or guardia	ns cannot be reached.
1.51		is unitere	iit ii oiii iast scho	oi yeai
1 st Name 2 nd	Home/Work	Cell Phone	Pager	Relationship
Name 3 rd	Home/Work	Cell Phone	Pager	Relationship
Name Name of Relative or Childcare Provider	Home/Work	Cell Phone	Pager	Relationship
Name Address	Home/Work	Cell Phone Apt. No.	Pager City	Relationship
	Part I or II I	Must Be Comple		
Doctor	surgery unless the gery, are obtained as? er chronic disease ation? problems?	Phor Phon Phon we medical opinior before the surger Yee Yee Yee Yee Yee Yee Yee Yee Yee Y	nee sof 2 other lice ry is performed. esNo es	nsed physicians or dentist
		USAL TO CONent of my child. l	MPLETED PA SENT)	
Date Signature of	Parent/Guardian		Add	lress

IMPORTANT - THIS PAGE MUST BE COMPLETED BY PARENT OR GUARDIAN

CUSTODIAL INFORMATION

It is Ohio State Law that each student provide a certified copy of any child custody order or decree which has been issued with respect to the student, the custodial parent of such a student must also provide the Board of Education with a certified copy of any later court orders which modify the original custody order or decree. (ORC3313.672(B))

Please check one of the following statements that apply	to your child:
A. Child live with natural parent(s) or with leaga	ally adoptive parents
Parents must provide a copy of court-ordered custody a	Id resides with parent that has legal custody by court order. greement showing which parent is the Residential Custodian of must provide the school with a copy of the court order within 30
	ld resides with parent that DOES NOT have legal custody. If this n 60 days, and provide a letter stating you are in the process of
	wer of Attorney (POA) or Caretaker Authorization Affidavit which arent resides tuition free (ORC 3109) must attach a copy of this
the custody of the parents(s), resides with a grandparen	ar circumstance, a student under the age of twenty-two, who is in t and does NOT require special education can attend the district e Boards of Education of both districts agree that good cause exists
F. Child lives with a Guardian who has been gramust provide the school with a copy of the court order	nted legal custody by court order. If this is your situation, you upon enrollment.
	been granted legal custody by court order. If this is your situation, ide a letter stating you are in the process of obtaining custody.
	situation, you must have all necessary court orders, proof of previous school at the time of enrollment. Your child will NOT be
I. Child is 18 years of age or older and lives apar	t from his/her parents or guardian.
J. Tuition Student (you must obtain a tuition agre Office.	eement with current rates and payment schedule with the Board
IF CUSTODY PAPERS ARE INVOLVED PLEASI Name:	E LIST WHO CANNOT PICK UP YOUR CHILD: Relationship to Child:
IF UNABLE TO REACH PARENT / GUARDIAN I Name:	IN EMERGENCY OR ILLNESS CALL: Relationship to Child:
regarding residency, back tuition may be assessed and	knowledge is true. If false or misleading information is given student withdrawn from school. It is the responsibility of the change of address or living conditions. Failure to comply could athletic eligibility voided.
Signature:	Date: