



**Redeemer Christian School**  
**Early Childhood**  
**Emergency Medical Authorization**  
**2024-2025**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female  Pre-School  PreK

**Primary Family Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone 1 \_\_\_\_\_  Unlisted Primary Phone 2 \_\_\_\_\_  Unlisted

**Father's Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Email Address \_\_\_\_\_  Personal  Work

Cell Phone \_\_\_\_\_  Emergency Contact  Allowed to Pick Up Child

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

**Mother's Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Email Address \_\_\_\_\_  Personal  Work

Cell Phone \_\_\_\_\_  Emergency Contact  Allowed to Pick Up Child

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

## Secondary Family Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone 1 \_\_\_\_\_  Unlisted Primary Phone 2 \_\_\_\_\_  Unlisted

## Father's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Email Address \_\_\_\_\_  Personal  Work

Cell Phone \_\_\_\_\_  Emergency Contact  Allowed to Pick Up Child

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

## Mother's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Email Address \_\_\_\_\_  Personal  Work

Cell Phone \_\_\_\_\_  Emergency Contact  Allowed to Pick Up Child

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

## Emergency Information

**Emergency Contacts Other than Parents: The State of Ohio requires at least TWO emergency contacts other than parents to be listed.**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Contacts**

**The State of Ohio requires the name, address, and phone number of the physician and dentist.**

Physicians's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

**Medical Information**

Does your child have any health problems or concerns the school personnel should be aware of?

Yes       No

If yes, what are they?

\_\_\_\_\_

Is your child under a doctor's care on an ongoing basis?       Yes       No

If yes, please specify.

\_\_\_\_\_

Has your child had any surgery?       Yes       No

If yes, please indicate the type of surgery and the child's age when the surgery was performed?

\_\_\_\_\_

Does your child take any medication regularly?       Yes       No

If yes, Name of Medication \_\_\_\_\_

Amount Taken \_\_\_\_\_ How Often? \_\_\_\_\_

Will your child be taking this medication at school?       Yes       No

**If yes, authorization form must be completed and on file in the office.**

Does your child have any allergies, either food or environmental?       Yes       No

If yes, please specify.

\_\_\_\_\_

Does your child wear glasses?       Yes       No      Contacts?       Yes       No

If yes, corrections is needed for:       Board Work       Class Work       All the Time

## Pickup Information

List any persons, other than parents, to whom your child may be released. Please list two. Under NO circumstances will your child be released to anyone other than those listed without further authorization!

Name \_\_\_\_\_ Phone \_\_\_\_\_ License \_\_\_\_\_

Address \_\_\_\_\_

Notes \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ License \_\_\_\_\_

Address \_\_\_\_\_

Notes \_\_\_\_\_

### **Please complete either Part 1 or Part 2 below. Do NOT complete both!**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by afore-mentioned doctor, or in the event 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, concurrent in the necessity for such surgery, are obtained prior to the performance of such surgery.

#### **Part 1: To Grant Consent**

I give Redeemer Christian School my permission to transport my child (name of child) \_\_\_\_\_  
to (hospital, clinic) \_\_\_\_\_ for emergency dental care, or to the nearest available  
source of assistance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **OR**

#### **Part 2: Refusal to Grant Consent**

I do not give permission to Redeemer Christian School to transport my child (name of child) \_\_\_\_\_  
for emergency medical or dental care. In the event of an illness or injury, which requires emergency medical  
treatment, I wish the following action to be taken: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_