

ST. HELEN SCHOOL

EMERGENCY MEDICAL AUTHORIZATION

Student Legal Name (Last-First-Middle) Birth Date
Address City Zip School District
Grade Home Room Teacher
Primary Contact Mother/Guardian Father/Guardian
Place of Employment
Cell #
Home #
Work #

Authorized persons to assume responsibility for school dismissal and provisions of care when a parent/guardian cannot be reached:

1. Phone Relationship
2. Phone Relationship

Insurance: Private - Name Medicaid/Medicare - Name None

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT
I hereby give consent for the following medical care providers and local hospital to be called:
Doctor Phone
Dentist Phone
Hospital/Emergency Room
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 such surgery.
Signature of Parent/Guardian Date

PART II: REFUSAL TO 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 authorities to take the following action:
Signature of Parent/Guardian Date

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IMPORTANT NOTE:
STUDENTS WILL NOT BE ALLOWED TO ATTEND CLASS UNTIL ALL FORMS ARE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL OFFICE. ADDITIONALLY, IMMUNIZATION RECORDS MUST BE ON FILE PRIOR TO THE FIRST DAY OF SCHOOL.

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COMPLETE BOTH SIDES

ST. HELEN SCHOOL  
**Health History (Parent Fills Out)**

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /    /
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**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

**DOES YOUR CHILD HAVE ANY LIFE THREATENING ALLERGIES?**    **YES**    **NO** (If yes, please list and describe symptoms.)

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**DOES YOUR CHILD USE AN EPI-PEN?**    **YES**    **NO**

Please list any prescription medication that your child takes on a regular basis.		
Medication and dose	Time	Reason

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**MEDICATION ADMINISTRATION**

**MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT.**

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I release and agree to hold the St. Helen School Board, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Updated: 02/02/2024*

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<p><b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p><b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p><b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?  <input type="checkbox"/> Yes   <input type="checkbox"/> No            If yes, how many years/months? _____            If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States?   <input type="checkbox"/> Yes   <input type="checkbox"/> No            If yes, when did your child first attend a school in the United States?            _____ / _____ / _____            Month      Day      Year</p>	
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>		
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

I, \_\_\_\_\_,  parent  legal guardian  adult student  
authorize \_\_\_\_\_ to release the records checked below,  
Prior SCHOOL NAME AND ADDRESS

regarding, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
STUDENT NAME BIRTH DATE

to: \_\_\_\_\_, (937) 256-1761  
SCHOOL NAME AND ADDRESS PHONE

\_\_\_\_\_ (937) 254-4614  
STREET ADDRESS, CITY, STATE, ZIP CODE FAX RECORDS TO

for the purpose of Transfer

**RECORDS TO BE RELEASED**

All Records<sup>1</sup>

**OR**

Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate)

Attendance Records

Suspension and Expulsion Records

Special Education Records

Behavioral Records (i.e. behavioral plans)

Psychological Testing/Records

Health/Immunization/Medical/Nursing Records

Other \_\_\_\_\_

By signing this authorization, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. I also authorize the school, which the above named student was attending, to discuss matters pertaining to the student with representatives of the school to which the records are being transferred.

▶ \_\_\_\_\_  
Parent/Legal Guardian/Adult Student SIGNATURE DATE

▶ \_\_\_\_\_  
Print Name

<sup>1</sup> "All Records" means: Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate), Attendance Records, Suspension and Expulsion Records, Special Education Records, Behavioral Records (i.e. behavioral plans), Psychological Testing/Records, and Health/Immunization/Medical/Nursing Records. *Updated: November 13, 2023*

