



Registration/Emergency Medical 2018-2019

Student ID# _____

Enrollment Start Date _____

Northwestern Local Schools
5610 Troy Road Springfield, OH 45502
Ph (937) 964-1318 Fax (937) 964-6019
www.northwestern.k12.oh.us

Documents required to enroll a student:
See website for documentation details

- Certified copy of birth certificate
- Immunization record
- Proof of residency & business mail
- Current custody papers (if applicable)

Current students must have these documents on file in the school office.

Please Print-To be completed by parent or legal guardian.

Student Information

Grade _____

Name: First _____ Middle _____ Last _____ Called by name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Male Female Date of Birth: ____/____/____ Birth City: _____

♦ Is your child currently receiving special services: Yes No *If yes, please indicate which service:* IEP 504 Gifted

♦ If the student is new to the Northwestern district, what was the last school attended? _____

Family Information

♦ Names and grade levels of siblings and/or other household members attending Northwestern Local Schools: _____

CUSTODIAL PARENT(S)/GUARDIANS WITH WHOM THE STUDENT RESIDES

Select one: Both parents Shared parenting* Mother only* Father only* Guardian/Foster care* Grandparent* Other*

♦ Has there been a change of custody since last year? Yes* No **copy of custody documents required*

Please specify the change _____

♦ Parent/Guardian with whom the student resides: _____ Relationship to student: _____

Cell Ph:#: (____) ____ - ____ Work Ph#: (____) ____ - ____ Email: _____

♦ Parent/Guardian with whom the student resides: _____ Relationship to student: _____

Cell Ph:#: (____) ____ - ____ Work Ph#: (____) ____ - ____ Email: _____

Non-residential parent with visitation or other parental rights: _____

May be contacted for illness.

Name: _____ Relationship: _____

May pick up student in emergency situation.

Address: _____ City: _____ State: _____ Zip: _____

Home Ph#: (____) ____ - ____ Cell Ph#: (____) ____ - ____ Work Ph#: (____) ____ - ____

Additional Emergency Contacts: Please list in the order you wish contact to be made.

1st Name: _____ Relationship: _____ May pick up student in an emergency situation.

Home Ph#: (____) ____ - ____ Cell Ph#: (____) ____ - ____ Work Ph#: (____) ____ - ____

2nd Name: _____ Relationship: _____ May pick up student in an emergency situation.

Home Ph#: (____) ____ - ____ Cell Ph#: (____) ____ - ____ Work Ph#: (____) ____ - ____

3rd Name: _____ Relationship: _____ May pick up student in an emergency situation.

Home Ph#: (____) ____ - ____ Cell Ph#: (____) ____ - ____ Work Ph#: (____) ____ - ____

I am the custodial parent/legal guardian. All information is complete and accurate. *Printed name* _____

Parent/guardian signature _____ *Date* _____

Please complete and sign the MEDICAL INFORMATION on the other side of this form.

Please complete **Part I** OR **Part II**. **DO NOT** complete both.

Part I PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE

I am the child's custodial parent or legal guardian. I grant permission to district staff, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its emergency staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Signature _____ Printed name _____ Date _____

****If you do not consent to the emergency treatment of your child, please complete Part II.****

DO NOT complete if you completed **Part I** above

Part II PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT

I am the child's custodial parent or legal guardian. 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 to take the following action:

Signature _____ Printed name _____ Date _____

MEDICAL INFORMATION

⇒ Physician's name: _____ Phone (_____) _____ - _____

⇒ List all medications this child is taking (prescription and over-the-counter) and the reason for taking them.

⇒ List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personnel need to be aware of. (attach documentation if necessary)

⇒ Has your child received any recent immunizations? If yes, please list immunizations with date received and attach documentation.

⇒ Additional medical information: _____

*** If Emergency squad transportation is required it will be provided by German Township EMS. ***
 They only transport to Springfield Regional Medical Center.