

MMHS EMERGENCY AUTHORIZATION FORM

Student's Legal Name _____ Grade: _____

(Last) (First) (M.I.)

Gender: M F Soc. Sec. # _____ - _____ - _____ Birth Date ____/____/____

Mother _____ Father _____

Step-Father _____ Step-Mother _____

Address _____ Address _____
(Street and P.O. Box #) (Street and P.O. Box #)

(City / State / Zip) (City / State / Zip)

(home phone) / (mother's cell phone) (home phone) / (father's cell phone)

(mother's Email address) (father's Email address)

Student lives with: (circle all that apply) Mother Father Step-Mother Step-Father Other* _____

***Complete this section ONLY if student lives with someone other than parent(s)**

*Guardian Name _____

*Address _____ Phone _____

*Employer _____ Phone _____

*Email Address _____ Cell _____

Families in transition: (circle) Grandparent(s) Foster Care Doubled up Hotel/motel Shelter Other

District of Residence: (circle) Manistee KND Onekama Bear Lake Other _____

Ethnic Category: (circle) Caucasian African American Native American Hispanic Asian/Pacific Islander

Is the student's native language a language other than English? YES NO

Is a language other than English spoken in the student's home or environment? YES NO

Is this student receiving Special Education services? YES NO

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Step-Father's Employer _____ Phone _____

Step-Mother's Employer _____ Phone _____

Illness or injury:

Neighbors or **local** relatives we can call if the parent/guardian is unavailable (**must** list at least 1):

Name _____ Relationship _____ Phone _____ work cell home

Name _____ Relationship _____ Phone _____ work cell home

Name _____ Relationship _____ Phone _____ work cell home

PARENT SIGNATURE REQUIRED ON THE OTHER SIDE OF THIS FORM

Doctor Preferred _____ Telephone _____

Current Medications & Treatments _____

Allergies or other current medical conditions _____

This authorization is valid for the current school year or until such time as I withdraw the authorization. Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

Parent Signature _____ **Date** _____

If your High School student will drive to school please provide the following:

Make: _____ Model: _____

Color: _____ License Plate: _____

Student's vehicles must be registered with the office. Students who drive to school will be expected to adhere to all school parking regulations. Vehicles parked incorrectly on school property in posted areas will be ticketed or towed at the owner's expense. Special circumstances require principal's review.

