



86397 Eldon Schafer Drive ~ Eugene, OR 97405 ~ Tel. 541.744.0954 ~ Fax. 541.741.6968

EMERGENCY CONTACT/RELEASE AUTHORIZATION FORM

Effective August 31, 2019 – August 31, 2020

STUDENT CONTACT INFORMATION

Student's Name _____ Date of Birth _____

Last First Middle

Grade _____ Gender: Male Female

- Ethnicity: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Hispanic, Latino, or Spanish origin (may be of any race)

PRIMARY EMERGENCY CONTACTS

In an emergency, Oak Hill School will attempt first to contact the parent/guardian listed below, followed by the alternate emergency contacts in the order listed.

Table with 2 columns: PARENT/GUARDIAN. Rows include: Print Last Name, First Name; Print Physical Address; Print City, State, Zip; Home Phone; Work Phone/Extension; Cell Phone/Pager; Print E-mail.

ALTERNATE EMERGENCY CONTACTS

Print Name _____ Relationship to student _____
Phone(s) _____ Cell phone _____ Address _____
Print Name _____ Relationship to student _____
Phone(s) _____ Cell phone _____ Address _____

OUT-OF-STATE EMERGENCY CONTACT

Please list a friend or family member who lives out of state whom Oak Hill School may call/email with information in case local telephone service is interrupted.

Print Name _____ Relationship to student _____
Phone(s) _____ Cell phone _____ Email _____

GRANDPARENT NAMES, E-MAIL, AND ADDRESS

Print Name _____ E-mail _____
Print Address _____
Print Name _____ E-mail _____
Print Address _____
Print Name _____ E-mail _____
Print Address _____
Print Name _____ E-mail _____
Print Address _____

EMERGENCY OR EARLY DISMISSAL RELEASE

If Oak Hill School needs to close early or the student needs to be released for any reason, the school needs to know the plan(s) that exist for the student to leave campus. If there is no plan in place and the school must close early, the student must remain on campus until the parent/guardian comes to pick him/her up. If one of the authorized options below is not available, or, in the judgment of the school, the option is neither safe nor reasonable, the student will remain on campus.

✓ Check all that apply.

- (I) (We) authorize release of my child to any of the above alternate emergency contacts.
 (I) (We) authorize release of my child to drive his/her vehicle from school to home.
 (I) (We) authorize my child to ride with fellow student _____

Print Parent/Guardian Name(s) _____

Signature(s) of Parent/Guardian(s) _____



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PERMISSION FOR EMERGENCY TREATMENT/MEDICAL INFORMATION FORM

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RELEASE FOR EMERGENCY MEDICAL TREATMENT

If a student suffers a medical emergency (e.g., serious injury or illness) while at school or while involved in a school-sponsored activity off campus, Oak Hill School makes every reasonable effort to contact and inform a parent/guardian before treatment is undertaken. Least emergency medical care be delayed, parents/guardians are asked to sign the following release authorizing emergency treatment.

(I)(We), the undersigned, parent(s)/legal guardian(s) of _____, a minor, do hereby authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. (I) (We) authorize Oak Hill School, in the event of a medical emergency, to contact a licensed ambulance service, or a legal representative (employee) of the school, to transport my student to the emergency facilities of Sacred Heart Hospital or any duly licensed and accredited medical hospital. (I) (We) authorize said physician or surgeon to examine the above-named student to administer emergency care and to arrange for any consultation by a qualified specialist necessary to insure proper care of any injury.

Print Parent/Guardian Name(s) _____

Signature(s) of Parent/Guardian _____

Date _____

MEDICAL INFORMATION

Please provide the following medical background information.

Family Physician's Name _____ Phone _____

Medical Insurance _____

Group # _____ Policy # _____

Preexisting medical conditions (if any): _____

Date of most recent physical: _____

Doctor's name (print): _____

Allergies (if any): _____

Medications taken on a regular basis (if any): _____

Prescription medications require the completion of a separate, specific permission form, which is included with these registration forms. All prescription medications must be in the student's name and must be contained in the original pharmacy container.

As parent(s)/legal guardian(s) of said student, I/we give OHS Staff permission to administer the following as needed:

Circle or check all that apply.

Acetaminophen (Tylenol) Yes No Ibuprofen (Advil) Yes No Neutralin (Antacid) Yes No Benadryl (Allergy) Yes No

Additional over the counter medications student may use at school: (medication must be kept in the office): _____

Does student wear glasses? Yes No Contacts? Yes No Immunizations up-to-date? Yes No

Student may participate in: Physical Education Competitive Athletics Outdoor Program Student Activities

Limited/restricted participation (describe): _____

Print Parent/Guardian Name(s) _____

Signature(s) of Parent/Guardian(s) _____

