

## Student Demographics and EMA Form (FOR THE 2018-2019 SCHOOL YEAR)

Once you have logged in and linked your students to your account, select a student.

Click Submit & View Online Forms [Submit & View Online Forms](#)

Select Student Demographic and EMA

For each of the forms listed below, you may review the form, fill out the information requested, and submit your responses to the district for approval electronically.

### Back To School Forms

Form Name/Title	Status
<a href="#">Student Demographics and EMA</a>	New/Not Yet Started
<a href="#">Student Health History</a>	

### Part 1: Student Demographic Information

Check to make sure all student demographic information is correct. **If student information is incorrect, select no and describe what is incorrect.** If your address has changed or you have recently moved, **check the box |I have changes to make to this residential address|** and fill in all information. Please note you will be contacted to provide residency verification.

### Part 2: Additional Information About Student

Fill in information about student. Fields marked with an asterisk \* and in bold are required.

### Part 3: Parent/Guardian Information

If mother and father are grouped in Parent/Guardian 1, please enter parents separately. Put one spouse's contact information in column 1 and select the appropriate relation to student and the other parent in column 2 and select the appropriate relation to student.

If there has been a change to the legal custody order that applies to this student, you may click the box. Please submit a copy of the most recent court order to the district registrar's office.

#### Part Three: Parent/Guardian Information

\* Is there a legal custody order that applies to this child? No

If you answered "Yes" above, who has legal custody?  

**Regarding Custody Alerts:** Please check the box below to let the district know if there has been a change of custody or custody alert for this student since last year.  
 There has been a change in the custody status of my child.

Parent/Guardian #1 <small>(Required)</small>	Parent/Guardian #2 <small>the fields below blank if there is no 2nd Parent/Guardian</small>
* First Name: Sue	First Name: John
* Last Name: Smith	Last Name: Smith
* Relation To Student: <span style="border: 1px solid black; padding: 2px;">Mother</span>	Relation To Student: <span style="border: 1px solid black; padding: 2px;">Father</span>
Date Of Birth: <span style="border: 1px solid black; padding: 2px;"> </span>	Date Of Birth: <span style="border: 1px solid black; padding: 2px;"> </span>
Home Phone: <span style="border: 1px solid black; padding: 2px;"> </span>	Home Phone: <span style="border: 1px solid black; padding: 2px;"> </span>
Work Phone: <span style="border: 1px solid black; padding: 2px;">330 222 3333</span>	Work Phone: <span style="border: 1px solid black; padding: 2px;">330 666 7777</span>
Cell/Other Phone: <span style="border: 1px solid black; padding: 2px;">330 444 5555</span>	Cell/Other Phone: <span style="border: 1px solid black; padding: 2px;">330 888 9999</span>
Email Address: <span style="border: 1px solid black; padding: 2px;">ssmith@email.com</span>	Email Address: <span style="border: 1px solid black; padding: 2px;">jsmith@email.com</span>
Employer Name: <span style="border: 1px solid black; padding: 2px;"> </span>	Employer Name: <span style="border: 1px solid black; padding: 2px;"> </span>
Occupation: <span style="border: 1px solid black; padding: 2px;"> </span>	Occupation: <span style="border: 1px solid black; padding: 2px;"> </span>
Lives With Student? <span style="border: 1px solid black; padding: 2px;">Yes</span>	Lives With Student? <span style="border: 1px solid black; padding: 2px;">Yes</span>
Address: <input checked="" type="checkbox"/> Same Address As Student	Address: <input checked="" type="checkbox"/> Same As Student

**If parents are grouped together in Parent/Guardian #1, please enter one parent in one column and the other parent in Parent/Guardian #2**

### Part 4: Emergency Contacts

List only the names (first and last) of those who have the authority to make decisions in an emergency situation involving this student if we cannot reach the parent(s) or guardian(s). **At least one (1) emergency contact is required, but providing multiple contacts are recommended by the district.**

Part Four: Emergency Contacts					
List only the names (first and last) of those who have the authority to make decisions in an emergency situation involving this student if we cannot reach the parent(s) or guardian(s).					
**At least one (1) emergency contact is required, but providing multiple contacts are recommended by the district**					
#	First Name	Last Name	Primary Phone	Work/Other Phone	Relationship To Student
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

### Part 5: Medical Information

If your student has medical or health issues, select Yes on the pull down menu and only enter pertinent information. **DO NOT ENTER 'N/A' 'NONE' or any other non-medical information.**

Part Five: Medical Information	
Does your child have medical/health issues?	Yes <input type="button" value="v"/>
Please only enter pertinent information. DO NOT ENTER 'N/A' or any other non-medical information.	
NOTE: If your child has severe medical concerns that will not fit on this form, we recommend you submit a supplemental letter to your school's nurse outlining in specific detail the medical concerns and appropriate courses of action to take.	
Allergy Info:	<input type="text"/>
Type of Reaction:	<input type="text"/>
Usual Treatment:	<input type="text"/>
Medical Condition(s):	<input type="text"/>
Medications/Treatments:	<input type="text"/>
Physical Impairments:	<input type="text"/>

**Only enter pertinent medical information. Do not enter NA, NONE or any other Non-medical information.**

**Part 6: Consent or Refusal For Emergency Medical Treatment**

In the event of an emergency, please select if you GRANT CONSENT for treatment of your child. Fill in information for your medical care providers. If you DO NOT GRANT CONSENT please describe the action(s) you wish school authorities to take.

**Part Six: Consent or Refusal For Emergency Medical Treatment**

\* Please Select: I GRANT CONSENT for emergency medical treatment of my child ▼

I hereby give my consent for the following medical care providers and local hospital to be called when I cannot be contacted:

<p style="color: red; font-weight: bold;">When granting consent fill out information as completely as possible including phone numbers.</p>	Doctor's Name:	▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Dentist's Name:	▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Specialist Name:	▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital:	<input type="text"/>				
Phone #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 the preferred doctor indicated, or in the event the designated preferred 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 dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**MEDICAL HISTORY:** Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

Include any facts a physician or school personnel should be alerted.

**Part 7: Parent / Student Agreements:**

- Photograph / Directory Information
- Blackboard Connect - Revere uses a high speed phone calling service to deliver messages to multiple phone lines regarding general school information, emergency & weather related information. This system is only used in circumstances where the district needs to reach parents/guardians immediately. Up to three phone numbers per child can be used.
- E-Mail Communications- In order to improve school to home communication for non-emergency information, we are requesting your authorization to contact you via the following email addresses; a primary and a secondary. Emails must only be for parent or guardians; no student emails are accepted.
- Student Handbooks
- Technology Acceptable Use Policy
- Military Families Question

**Part 8: Electronic Signature & Authorization**

Type in your name - Parent/Guardian Electronic Signature. Finally, be sure to click | **Save and Submit to the District** | button.

### Part Eight: Electronic Signature & Authorization

"I agree to complete and submit through electronic means the Emergency Medical Authorization and such other forms, documents and questionnaires as the school district may require."

Digital Signature of Parent/Guardian

Date

"Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of an Emergency Medical Authorization Form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form."

[Save & Submit to District](#)

[Go Back](#)