REGISTRATION/EMERGENCY MEDICAL AUTHORIZATION FORM XENIA COMMUNITY SCHOOL DISTRICT

Student Name:		
Mudelit Name:	Scho	ol:
Birth date:	Age: Sex: M F Grade:	_
eacher:		
Address:	City, State, Zip:	Home Phone:
)		
Bus Student: YES NO Bus #	Your child's directory information released? YES NO	D E-Mail:
		W. 1 (O. II
atner's Names:	Employer:	work/ceii:
fother's Names:	Employer:	Work/Cell:
Guardian:	Employer:	
Vork/Cell:		
f parents are separated or divorced,	, with whom does the student live?:	
Name of person(s) NOT authorized t	to take child from the school:	
Name of person(s) NOT authorized t		umentation is needed to enforce)
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ist name of local person(s) other the	(Court documents authorized to take child from the school: Relationship: Relationship: Relationship:	Phone:
ist name of local person(s) other the lame: lame: ist allergies and/or medical problem ist medications:	(Court documents authorized to take child from the school: Relationship: Relationship: Relationship:	Phone:

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	NOTE: IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL IMMEDIATELY OF CHANGES TO ANY OF THE ABOVE			
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	INFORMATION.			
	CLINIC FILE CARD			

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