



Toledo Public Schools

Mr. Gary Thompson, M.Ed.
Director

3301 Upton Avenue
Toledo, Ohio 43613

Telephone: 419-479-3161

Facsimile: 419-479-3192

THIS FORM MUST BE FILLED OUT COMPLETELY

Student: complete your part of this form, get parent signature and take to school. Your school can fax the completed form to TTA

TTA STUDENT _____

GUEST _____

TTA Event Guest Form: *For the safety of our students and guests, we ask that our students have their guests complete this form. This form must be on file before a non TTA student can be admitted to a TTA event.*

For Non-TTA Student: Please **PRINT** the following information

Name: _____

Name of Parent _____

Home Phone Number _____

Emergency Phone Number _____

Signature of Parent _____

School Presently Attending _____

School Phone _____

Name of Principal _____

Signature of Principal _____

(By signing here, I attest that the above named student is in GOOD standing)

EMERGENCY MEDICAL INFORMATION

The purpose of the following form is to enable parents and/or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents and/or guardians cannot be reached.

I hereby consent, in the event reasonable attempts to contact either parent or guardian have been unsuccessful, for: 1. The administration of any treatment deemed necessary by my preferred doctor or dentist, or in the event of designated preferred doctor or dentist is not available, by another licensed doctor or dentist, and 2. The transfer of the child to my preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed doctors or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/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 authorities to **TAKE NO ACTION.**

Date _____ Signature of Parent/Guardian _____