

EMERGENCY MEDICAL AUTHORIZATION

School: _____ Student Name: _____

Address: _____

Telephone: _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Childcare Provider: _____ Relationship to Child: _____

Address: _____ Phone: _____

PART I OR II MUST BE COMPLETEDPART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

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 above-named doctor, 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 (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

PART II – REFUSAL TO CONSENT

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 the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

R.C. 3313.72

Supplemental Information (optional):

Student's Birthdate: _____ Grade: _____

Teacher/Homeroom: _____

Date of Last Tetanus: _____

Student resides with (circle all that apply) Mother Father Stepparent Guardian Other: _____

Additional Contact Information for those who have authority to make decisions in an emergency situation involving this student.

Mother: _____ Home#: _____ Work#: _____ Mobile#: _____

Father: _____ Home#: _____ Work#: _____ Mobile#: _____

Stepparent: _____ Home#: _____ Work#: _____ Mobile#: _____

Guardian: _____ Home#: _____ Work#: _____ Mobile#: _____

Alternate: _____ Home#: _____ Work#: _____ Mobile#: _____
(relative child car provider)