

EMERGENCY MEDICAL AUTHORIZATION

School _____ Student Name _____
Grade _____ Address _____
Telephone _____ Cell Phone _____

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 _____ Cell # _____
Father’s Name _____ Daytime Phone _____ Cell # _____
Other’s Name _____ Daytime Phone _____ Cell # _____
Name of Relative or Childcare Provider: _____ Relationship _____
Address _____ Phone _____

PART I OR PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT

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

Doctor _____ Address _____ Phone _____
Dentist _____ Address _____ Phone _____
Medical Specialist _____ Address _____ Phone _____
Local Hospital _____ Address _____ E.R. 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) 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 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, concussions, broken bones, medications being taken, and any physical impairments to which a physician should be alerted:

In the event of a mental health crisis, the school may utilize local mental health professionals and counselors under the employ of other school districts to help students cope with the crisis. These steps may be taken following an event that has a great emotional impact on a large number of students (e.g., the death of a student or staff member).

Date: _____ Signature of Parent/ Guardian: _____ Address: _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medial 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: _____

**EMERGENCY MEDICAL AUTHORIZATION
ORC 313.712**

(A) Annually the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide to the parent or legal guardian of every pupil enrolled in schools under the board’s jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent or legal guardian, either as party of any registration form which is in use in the district or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent or legal guardian, authorities of the school in which the pupil is enrolled may permit the parent or legal guardian to make changes in a previously filled form, or to file a new form.

If a parent or legal guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his/her child.

Even if a parent or legal guardian gives written consent for emergency medical treatment, when a pupil becomes ill or injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his/her school shall make reasonable attempts to contact the parent or legal guardian before treatment is given. The school shall present the pupil’s emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for division (A) of this section is as follows: (See above section)

Father/Legal Guardian: _____ Usual time of work _____
Place of employment: _____ Phone (work) _____ Cell # _____
Mother/Legal Guardian: _____ Usual time of work _____
Place of employment: _____ Phone (work) _____ Cell # _____

Bus # _____, or Driver’s Name _____, or NA _____