

**EMERGENCY MEDICAL AUTHORIZATION**

**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.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: (if applicable; e.g. - P.O. Box #) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Student resides with (circle all that apply) Mother    Father    Step-parent    Guardian  
Other: \_\_\_\_\_

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1<sup>st</sup>, 2<sup>nd</sup>). If more names are needed, add to the back of this sheet. **Contacts listed on this sheet are people who may pick my child up from school.**

Mother:	Home #	Work #	Cell #
Father:	Home #	Work #	Cell #
Step-parent:	Home #	Work #	Cell #
Guardian:	Home #	Work #	Cell #
Alternate:	Home #	Work #	Cell #

(See back of sheet for more Alternate contacts)

COMPLETE ONLY ONE OF THE FOLLOWING:    I. Consent for Treatment    **OR**    II. Refusal to Consent

<p><b>I. CONSENT FOR TREATMENT:</b> I hereby give consent for the following medical care providers and local hospital to be called:</p> <p>Preferred Physician: _____ Office # _____</p> <p>Preferred Dentist: _____ Office # _____</p> <p>Medical Specialist: _____ Office # _____</p> <p>Preferred Hospital: _____ ER # _____</p> <p><b>AND...</b></p>	<p><b>II. REFUSAL TO CONSENT:</b> I do <b>NOT</b> 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:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Parent/Guardian Signature _____ Date _____</p> <p>Address: _____</p> <p>_____</p>
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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; (2) the transfer of the child to any hospital reasonably accessible; and (3) sharing medical information with school staff that would need to know for continuity of care for my child.

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.

**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:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Alternate:	Home #	Work #	Cell #
	Alternate:	Home #	Work #	Cell #
	Alternate:	Home #	Work #	Cell #

Section 3313.64 - AS USED IN THIS SECTION, "PARENT" MEANS EITHER PARENT, UNLESS THE PARENTS ARE SEPARATED OR DIVORCED, IN WHICH CASE "PARENT" MEANS THE PARENT WITH LEGAL CUSTODY OF THE CHILD. IF NEITHER PARENT HAS LEGAL CUSTODY OF THE CHILD, "PARENT" MEANS THE PERSON OR GOVERNMENT AGENCY WITH LEGAL CUSTODY OR PERMANENT CUSTODY.

Section 3313.712 OHIO REVISED CODE

(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 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/HER parent, either as part 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 the parent, authorities of the school in which the pupil is enrolled may permit THE parent to make changes in a previously filed form, or to file a new form.

If a parent 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 gives written consent for emergency medical treatment, when a pupil becomes ill or is 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 before the 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.