

# EMERGENCY MEDICAL AUTHORIZATION

10/25/2012

Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RESIDENTIAL PARENT OR GUARDIAN:** \_\_\_\_\_

**Phone-Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Phone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

3<sup>rd</sup> Contact \_\_\_\_\_ Phone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

4<sup>th</sup> Contact \_\_\_\_\_ Phone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**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.

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

- Medications taken at home and/or at school** \_\_\_\_\_
- Allergies** \_\_\_\_\_
- Medical conditions** \_\_\_\_\_
- Surgeries** \_\_\_\_\_

## PART I OR II MUST BE COMPLETED

### Part I – To Grant Consent

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

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone Number \_\_\_\_\_

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 or 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.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## DO NOT COMPLETE PART II IF YOU COMPLETED PART I

**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 \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 3313.712, OHIO REVISED CODE**  
**(Pursuant to H.B. 811 and H.B. 639)**  
**(Effective 6-11-1992)**

(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 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 his 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 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 school shall make reasonable attempts to contact the parent 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 in division (A) of this section is as follows: (See reverse side)