

EMERGENCY MEDICAL AUTHORIZATION

O.R.C. 3313.712

School/Teacher _____ Student Name _____
Grade _____ Date of Birth _____ Address _____
Phone _____
Cell _____

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

Residential Parent/Guardian
Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____
Mother's Email _____ Father's Email _____
Other's Name _____ Daytime Phone _____
Name of Relative or Childcare Provider _____
Address _____
Relationship _____ 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 hospital to be called:

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Emergency Room Phone _____
Type of Insurance _____ Group # _____

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 reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, 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 _____ Parent/Guardian Signature _____
Address _____

HOMELESS STATUS - Please check mark if any applies.

1. Children and young people, 3 years through 17 years old, without a fixed, suitable, night time residence - welfare hotels, violence shelters, transitional housing, or barns, campers, or places not suitable for human habitation. 2. Doubled-up - sharing households with family or friends, - noncustodial grandparents raising grandchildren, young people living with friends. 3. Runaways - living on the street, or with friends or relatives, often referred to as "sofa surfers."

PART II - REFUSAL TO CONSENT - I do NOT give my consent for emergency medical treatment for my child.

In the event of illness or injury requiring emergency treatment, I wish the school authorities take the following action: _____

Date _____ Parent/Guardian Signature _____
Address _____

Parent/Guardian,

If you have any special instructions regarding those that CAN and/or CANNOT pick up your child, please list them below along with their telephone/cell phone number in case we would have to get in contact with them.

Thank You ☺

The following person(s) have permission to pick up my child in the event that I am not available to do so:

Name

Telephone/Cell Number

_____	_____
_____	_____
_____	_____
_____	_____

The following person(s) DO NOT have permission to pick up my child at any time:

Parent/Guardian Signature

Date

_____	_____
-------	-------