

**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. This information may be shared with the educational team to best meet your child's needs.

Student Name \_\_\_\_\_ Phone # \_\_\_\_\_ Bus # \_\_\_\_\_  
 Address \_\_\_\_\_ School District \_\_\_\_\_  
 \_\_\_\_\_ School Attending \_\_\_\_\_  
 Address Change   Birth Date \_\_\_\_\_ Sex  M  F  Grade \_\_\_\_\_ Home Room \_\_\_\_\_

**Residential Parent or Guardian**

Mother \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Pager # \_\_\_\_\_  
 Father \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Pager # \_\_\_\_\_  
 Other Name \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name of Relative or Childcare Provider \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

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

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Specialist \_\_\_\_\_ Phone # \_\_\_\_\_  
 Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

**Below check any CURRENT health condition that may require attention during the school day:**

- |   |  |
|---|--|
| <input type="checkbox"/> Allergies (be specific)<br><input type="checkbox"/> Foods _____ EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Medicines _____<br><input type="checkbox"/> Bee Stings _____ EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Other _____                               | <input type="checkbox"/> Other health conditions (be specific) _____<br><input type="checkbox"/> Previous surgeries (be specific) _____<br><input type="checkbox"/> Previous concussion/head injury-year _____<br><input type="checkbox"/> Hearing problems _____ Has hearing aids <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Vision problems (be specific) _____<br>Wears: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Asthma _____ Uses emergency inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Cancer _____<br><input type="checkbox"/> Diabetes _____<br><input type="checkbox"/> Seizures _____<br><input type="checkbox"/> Heart problems (be specific) _____<br><input type="checkbox"/> Physical disability (be specific) _____ | <input type="checkbox"/> ADD/ADHD _____<br><input type="checkbox"/> Behavior/emotional problems _____<br><input type="checkbox"/> No current health conditions   |

List all medications and dosages your child receives on a continual basis: \_\_\_\_\_

**PLEASE COMPLETE PART I OR PART II — NOT BOTH**

**Part I — TO GRANT CONSENT**

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 designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

**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 no action or to: \_\_\_\_\_

Date \_\_\_\_\_ Parent or Guardian **REFUSAL** Signature \_\_\_\_\_

## **Section 3313.712, Ohio Revised Code**

**(Pursuant to H.B. 639)**

- (A) Annually, the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, have provided 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 the parent or legal guardian of such pupil, 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 or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or 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 a child.

Even if a parent or guardian 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 extracurricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or a 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)*