

EMERGENCY MEDICAL AUTHORIZATION FORM
O.R.C. 3313.712

Grade_____

Health Insurance Information (Optional):

Company Name

Group # Subscriber Name and #

Student Name_____

Address_____

Telephone_____

Date of Birth_____

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_____

Father's Name_____

Daytime Phone_____

Name of Relative or Childcare Provider

Address_____

Relationship_____

Phone_____

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_____

Dentist_____

Phone_____

Medical Specialist_____

Phone_____

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 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.

I understand that this form will be shared with appropriate staff members on a need-to-know basis only. This information is considered confidential.

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

Date_____

Signature of Parent/Guardian_____

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 the following action.

Date_____

Signature of Parent/Guardian_____