

ELMWOOD LOCAL SCHOOL DISTRICT
Emergency Medical Authorization

To ensure full compliance with Ohio laws, we are requesting that this form be completed and returned to your child's school office. Thank you.

1. It is the parent's responsibility to notify the school of any change in information.
2. The school does not provide student/injury insurance. Financial obligations for medical expenses are the responsibility of the parent / student.
3. Information on this form may be shared with school staff who have contact with your child.

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 _____

TEACHER'S NAME (Elementary Only) _____ GRADE _____

ADDRESS _____ PO BOX _____ HOME PHONE _____

CITY _____ ZIP CODE _____ STUDENT CELL NUMBER _____

PARENT OR GUARDIAN WITH WHOM STUDENT LIVES:

MOTHER'S NAME _____ DAY TIME TELEPHONE (____) _____

EMAIL ADDRESS _____ CELL PHONE _____

MOTHER'S PLACE OF EMPLOYMENT _____ PHONE NUMBER _____

FATHER'S NAME _____ DAY TIME TELEPHONE (____) _____

EMAIL ADDRESS _____ CELL PHONE _____

FATHER'S PLACE OF EMPLOYMENT _____ PHONE NUMBER _____

GUARDIAN'S NAME _____ DAY TIME TELEPHONE (____) _____

EMAIL ADDRESS _____ CELL PHONE _____

GUARDIAN'S PLACE OF EMPLOYMENT _____ PHONE NUMBER _____

IN CASE NEITHER PARENT/GUARDIAN CAN BE LOCATED, PLEASE NOTIFY ONE OF THE FOLLOWING:
(THESE PEOPLE ALSO HAVE AUTHORIZATION TO PICKUP THE STUDENT)

NAME _____ RELATIONSHIP _____

ADDRESS _____ DAYTIME TELEPHONE (____) _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ DAYTIME TELEPHONE (____) _____

SECTION 3313.712, OHIO REVISED CODE

Pursuant to Am. H.B. 1175

(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 (30) 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 this 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/she shall indicate in the proper place on the form the procedure he/she wishes school authorities to follow in the event of a medical emergency involving his/her 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:

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:

PREFERRED PHYSICIAN _____ TELEPHONE NO. _____

PREFERRED DENTIST _____ TELEPHONE NO. _____

MEDICAL SPECIALIST _____ TELEPHONE NO. _____

LOCAL HOSPITAL _____ TELEPHONE NO. _____

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 above named physician or dentist, 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 the above named hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery is performed.

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

MEDICAL HISTORY (Include any hospitalizations and/or any diseases the child has had):

ALLERGIES: _____

MEDICATIONS NOW BEING TAKEN: _____

PHYSICAL IMPAIRMENTS &/OR ACTIVITY RESTRICTIONS: _____

OTHER: _____

DATE: _____

X _____
Signature of Parent/Guardian/Caseworker (if foster placement)

Address

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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 to take no action or to:

DATE: _____

X _____
Signature of Parent/Guardian/Caseworker (if foster placement)

Address