

EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Centerville City Schools

School _____

Date of Birth _____

School Year _____

Address _____

Grade _____

Phone _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the school authority, when parents or guardians cannot be reached. **Please complete both sides of this form.**

Residential Parent or Guardian

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Other Emergency Contact _____ Phone _____

Name of Relative or Childcare Provider (i.e., babysitter, daycare)

Name _____ Relationship _____

Address _____ Phone _____

(City)

(Zip)

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school.

Medical Information: _____

Medications: _____

Allergies: _____

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:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____
(If appropriate)

Preferred Hospital _____ 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 doctors, or, in the event the designated 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 dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

Address _____

(Zip)

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 _____

Address _____

(zip)