HEALTH ALERT ☐

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 Y☐N☐ 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:

☐ Allergies (be specific)
- ☐ Foods _____ EpiPen ☐ Yes ☐ No
- ☐ Medicines _____
- ☐ Bee Stings EpiPen ☐ Yes ☐ No
- ☐ Other _____

☐ Asthma Uses emergency inhaler ☐ Yes ☐ No

☐ Cancer

☐ Diabetes

☐ Seizures

☐ Heart problems (be specific) _____

_____

☐ Physical disability (be specific) _____

_____

☐ Other health conditions (be specific) _____

_____

☐ Previous surgeries (be specific) _____

_____

☐ Previous concussion/head injury-year _____

☐ Hearing problems Has hearing aids ☐ Yes ☐ No

☐ Vision problems (be specific) _____

_____

Wears: ☐ Glasses ☐ Contacts

☐ ADD/ADHD

☐ Behavior/emotional problems _____

_____

☐ 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)