



Sandusky City Schools

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. (In accordance with Ohio Revised Code 3313.712)

Student _____ Sex: M F Birth Date _____ HR/Grade _____
Last First Middle
 Address _____ City _____ Zip Code _____ - _____ Phone _____ - _____ - _____

Residential Parent or Guardian: Yes No
 Mother/Guardian _____
 Address _____
 City _____ Zip Code _____ - _____
 Daytime Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
 Home Phone _____ - _____ - _____ E-mail _____
 Place of Work _____
 Dept. _____ Phone _____ - _____ - _____

Residential Parent or Guardian: Yes No
 Father/Guardian _____
 Address _____
 City _____ Zip Code _____ - _____
 Daytime Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
 Home Phone _____ - _____ - _____ E-mail _____
 Place of Work _____
 Dept. _____ Phone _____ - _____ - _____

In case of emergency, when residential parent(s)/guardian cannot be reached, please contact local persons available during school hours. Please seek permission from Emergency Contact persons before listing names and list in order of priority.

Other: Relative or Childcare Provider:

Name	Address	Daytime Phone	Relationship to Student
1. _____	_____	_____ - _____ - _____	_____
2. _____	_____	_____ - _____ - _____	_____

PART I OR PART II MUST BE COMPLETED. DO NOT COMPLETE BOTH PARTS!

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 _____ - _____ - _____

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

List all allergies and any special precautions or treatments for these allergies: _____

List any medications currently being administered to the child: _____

List any health concerns or problems: _____

By signing this, I also give permission to school personnel to share my child's health/medical concerns (past/present) with school personnel on an "as needed to know" basis, unless I notify the school nurse in "writing" that I do not want it shared.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT – Do not complete if you have completed PART I

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: _____

Signature of Parent/Guardian _____ Date _____

**Reference information for Emergency Medical Authorization:
Ohio Revised Code ORC § 3313.71.2] § 3313.712**

Emergency Medical Authorization:

As used in this section, "parent" means parent as defined in [section 3321.01](#) of the Revised Code.

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

If a parent 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 his child.

Even if a parent 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 extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or 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 of this sheet)