

EMERGENCY MEDICAL AUTHORIZATION

Brookville Local Schools
School District _____

Student Name

School Attended

Street Address

Bus Number

Grade

Telephone

City

State

Zip

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 _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider: _____

Street Address _____ Relationship _____

City _____ State _____ Zip _____ Daytime 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.

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

Signature of Parent _____ Date _____

Street Address _____ City _____ State _____ Zip _____

PART II – REFUSAL TO CONSENT (Do not complete Part II if you 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 _____ Date _____

Street Address _____ City _____ State _____ Zip _____

SECTION 3313.712, OHIO REVISED CODE – When a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, the authorities of his/her school shall make reasonable attempts to contact the parent before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. This section shall not be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.