

EMERGENCY MEDICAL AUTHORIZATION ORC 3313.712

**Riverdale Local Schools
20613 SR 37
Mt. Blanchard, OH 45867**

Student's Name _____ Grade _____

Date of Birth _____ Social Security Number _____

Student's Address _____ P.O. BOX _____

City _____ State _____ Zip code _____

County _____ Home Phone # _____

Mother's Name _____

Mother's Address _____

Mother's Home Phone # _____ Mother's Cell # _____

Mother's Employer _____ Work Phone # _____

Father's Name _____

Father's Address _____

Father's Home Phone # _____ Father's Cell # _____

Father's Employer _____ Work Phone # _____

Married _____ Separated _____ Divorced _____ Single _____

Name of parent/guardian with legal custody of above named child. _____

I have presented current proof of custody to the school office. _____ Yes _____ No

Brother's Names

Sister's Names

_____ Age/Grade ____/____

_____ Age/Grade ____/____

_____ Age/Grade ____/____

_____ Age/Grade ____/____

_____ Age/Grade ____/____

_____ Age/Grade ____/____

WHOM DO WE CONTACT IF NO ONE CAN BE REACHED AT ABOVE NUMBERS?

Name _____ Relationship _____

Address _____ Phone Number _____

CHILD CARE PROVIDER OR RELATIVE:

Name _____ Relationship _____

Address _____ Phone Number _____

I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITAL TO BE CALLED:

DOCTOR _____ PHONE# _____

DENTIST _____ PHONE# _____

MEDICAL SPECIALIST _____ PHONE# _____

PREFERRED LOCAL HOSPITAL _____

STUDENT'S MEDICAL HISTORY/PHYSICAL IMPAIRMENT _____

ALLERGIES? YES ___ NO ___ IF YES, PLEASE LIST _____

MEDICATIONS? YES ___ NO ___ IF YES, PLEASE LIST _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give 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 it the necessity for such surgery are obtained prior to the performance of such surgery.

SIGNATURE

DATE

ADDRESS

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 the following action:

SIGNATURE

DATE

ADDRESS

Revised 9.21.15

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 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 from 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 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 his 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 extra-curricular 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 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,