

Student Emergency Medical Form

As required by ORC 3313.712

Office will use prior form until update form is completed and filed

_____ Mark if address or phone numbers have changed since last year

Student Name _____	Grade _____
Father Guardian Info: Name _____	Mother/Guardian Info: Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell # _____	Cell # _____
Email _____	Email _____
Work # _____	Work # _____
Step Parent _____	Step Parent _____
Work # _____ Cell # _____	Work# _____ Cell # _____

EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)

Purpose: To enable parents and guardians to authorized the provision of emergency treatment for children who become ill or injured while under school authority. By listing the people below, you are giving permission for them to pick up your child from school. In an emergency situation, parents /relatives would be contact in the order listed below.

EMERGENCY CONTACT NUMBERS (MINIUMUM OF 2 CONTACTS)

NAME	HOME#	CELL#	WORK #	RELATIONSHIP
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

Part 1 – TO GRANT CONSENT for Medical Treatment

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by the below mentioned medical professionals, or in the event the designated preferred practioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonable accessible. This Authorization does not cover major surgery unless the medical opinions of two other licensed physician or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Physician's Name _____ Phone # _____ Dentist _____ Phone # _____
Important Medical History facts concerning your child. Include information such as allergies, medications etc

Name _____ Signature _____ Date _____

Part 2 – REFUSSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action: _____

Name _____ Signature _____ Date _____