

Teacher: _____ Homeroom: _____ Grade: _____ Bus Number: _____ Driver: _____

HIGHLAND LOCAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION FORM

O.R.C. 3313.712

School Attending

Student Name

Date of Birth

Street Address

Telephone

City

Zip

Purpose – To enable parents and guardians to authorize the provisions 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 Contact Information

Name/Relationship:	Home Phone:	Work Phone:	Cell Phone:
Parent/Guardian: _____	_____	_____	_____
Parent/Guardian: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____

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 dentist, 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:

Date: _____ Signature of Parent/Guardian: _____

Phone: _____ 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 authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Phone: _____ Address: _____