

LICKING HEIGHTS LOCAL SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION

School Building _____ Grade _____ Teacher _____ Student's Name _____
County where child lives _____ Male/Female _____ Birth Date _____ Street Address _____
() _____ Telephone Number _____ City _____ Zip _____

RESIDENTIAL PARENT (Circle one): Both Mother Father Legal Guardian

Name (circle one) Mother Father Legal Guardian

Name (circle one) Mother Father Legal Guardian

Address (if different from child) _____

Address (if different from child) _____

Telephone No. _____ / _____
(Home) (Work)

Telephone No. _____ / _____
(Home) (Work)

Place of Employment _____ Occupation _____

Place of Employment _____ Occupation _____

Cell Phone Number _____

Cell Phone Number _____

E-Mail Address _____

E-Mail Address _____

Relatives or friends who can provide transportation in case of illness or injury when parents or guardians cannot be reached. (Must provide at least one)

Name	Relationship	Daytime Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ALLERGIES –Please list and describe allergies or reactions to:

Medication allergy _____ Type of Reaction _____
Foods/plants/animals/other _____ Type of Reaction _____

Recommended treatment if allergy is severe _____

Bee/Insect sting allergy _____ Type of reaction _____ Treatment _____

MEDICATIONS (Home and School)

Now taking _____ Reasons _____

Side Effects _____

MEDICAL PROBLEMS/RESTRICTIONS (Your child's teacher(s) and special area teachers will be notified of any restrictions.)

PLEASE BE ADVISED information on this form may be reviewed by authorized school staff only for confidential use in meeting your child's health and educational needs.

If your child requires taking any over the counter or prescription medication during the school day, a Medication Administration Form must be filled out by the parent **and a physician**. You can find this form on the schools website or get one from the front office of your child's building.

PART I OR II MUST BE COMPLETED

Purpose – To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PART I

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

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Preferred Hospital _____

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 physician or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date

Signature of Parent or Guardian

**SECTION 3312.712, OHIO REVISED CODE
(Pursuant to H.B. 811 and H.B. 639)
(Effective 6-11-92)**

(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 student 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 student into a public school in this state for the first time, provided 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 or a city, exempted village, local or joint vocational school district to which the student transferred. Upon request of his/her parent, authorities of the school in which the student 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 student 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, and authorities of his/her school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the student’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 the Division (A) of this section is as follows:

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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 or Guardian