

Findlay City Schools
Emergency Medical Authorization Form
(Ohio Revised Code 3313.712)

School Building: FINDLAY HIGH SCHOOL _____ **Student's Name** _____

School Year: _____ **Student ID** _____ **Address** _____

Grade _____

Parent Email: _____

Parents: Married Divorced Separated Other If other, please specify: _____

If divorced/separated/other, who is residential parent? _____

Official paperwork must be on file in the school office

Name of non-residential parent: _____

Address of non-residential parent: _____

Does non-residential parent wish to receive interim reports and report cards yes no

Emergency Contacts:

<u>Contact Type</u>	<u>Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
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Medical Alerts Information:

Please list or update list to include facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Purpose- Emergency Medical: 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.

PART 1 OR PART 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital of Choice _____

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 doctors, or, in the event the designed 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 options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Guardian

PART 2: 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:

Signature of Parent/Guardian

Date