

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provisions of emergency treatment or transportation for children who become ill or injured while under school authority, or during an emergency situation, when parents cannot be reached. **Notify the school immediately if any information changes.** (Please print).

Student's Name _____ Teacher/Homeroom/Grade _____

Student's Address _____ Phone No. _____

(Street Address)

(Zip Code)

.....Male or Female Date of Birth _____

Who is/are the legal guardian(s) of this child? _____

List the names, relationships to the student, and phone numbers of those people the school should call in the event of accident, illness, or school emergency. **This list should include the parent(s)/legal guardian(s) and should be in the order of calling preference, after attempts to call the parent(s)/guardian(s) are made.**

NAME	RELATIONSHIP (Parent, Relative, 9tc.)	PHONE NUMBERS		CELL/PAGER	9!A 5=@
		HOME	WORK		
(Parent/Guardian)	_____	_____	_____	_____	_____
(Parent/Guardian)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that my child may be released to anyone on the above list if ill, injured, or if an emergency occurs, and he/she must leave school.

Signature of Parent/Legal Guardian _____ Date _____

Medical Problems/Allergies/Special Needs:
 Diabetes Asthma Seizures Bee or Insect Sting Other Orthopedic
 Visually or Hearing Impaired Medication or Food Allergy Emotional Problem Learning Disability

Please provide detailed information regarding any above marked areas:

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For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers or other support staff involved in the academic setting. If you do **not** consent for the sharing of this information, you are required to state this in writing and submit your statement with this form to your school administrator.

TURN OVER

Please Complete:

Student's Name _____ Teacher/Homeroom/Grade _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital (1st choice) _____ (2nd choice) _____

Please complete EITHER Part I or Part II below:

Part I: Granting Consent

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 the previously-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 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:

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Date

Signature of Parent/Legal Guardian

Part II: Refusal to consent (DO NOT COMPLETE IF YOU COMPLETED PART I).

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: (MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)

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Date

Signature of Parent/Legal Guardian

Sec. 3313.71.2. AS USED IN THIS SECTION, "PARENT" MEANS PARENT AS DEFINED IN SECTION 3321.01 OF THE REVISED CODE.

(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 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 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 of a city, exempted village, local or joint vocational school district which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil 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 treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before 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.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: (See reverse side.)

Revised: 6/80

Revised: 6/84

Revised: 6/90

Reviewed: 1994

Reviewed: 1996

Revised: 3/21/96

Reviewed: 1997

Revised: 3/19/98

Reviewed: 1999

Revised: 7/20/00

Revised: 3/22/02

Revised: 5/15/03

Revised: 5/20/04

Revised: 5/19/2007, 2008, 2009