2731 Center Rd., Poland, OH 44514

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents/guardians cannot be reached.

Student's Name _____ Grade _____

Address _____ Home Phone # _____

HEALTH ALERTS: Student's allergies, medications, physical impairment or relevant medical history :

_____

_____

_____

Mother's Name _____ Daytime Phone _____

Cell Phone _____ Other Contact # _____

Father's Name _____ Daytime Phone _____

Cell Phone _____ Other Contact # _____

Other Authorized Contacts (able to pick student up or grant permission to go home):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

PART I OR PART II MUST BE COMPLETED

PART I: TO CONSENT

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

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ 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 doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of this student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concur with the necessity for such surgery, are obtained prior to the performance of such surgery.

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦

_____ _____ _____

Date Signature of Parent/Guardian Address

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment for 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 Address