

Emergency Medical Authorization

Student Name:	
Address:	
School:	 Grade:
The following is required by Section 3313.712 of the	e Ohio Revised Code.
Purpose — To enable parents to authorize the school authority when parents cannot be reached.	provision of emergency treatment for children who become ill or injured while under
Part I or Part II Must Be Complet Part I (To Grant Consent)	ted
In the event reasonable attempts to conta	act me at or (Phone number) (Other parent/guardian)
athave been unsuc	(Phone number) (Other parent/guardian) ccessful, I hereby give my consent for (1) the
administration of any treatment deemed r	necessary by Dr(Preferred Physician)
or Dr, or the	event the designated preferred practitioner is not
(Preferred Dentist) available, by other licensed physician or o	
	or any hospital reasonably accessible.
Facts concerning the child's medical histoimpairments to which a physician should	ory, including allergies, medication being taken and any physical be alerted.
Parent or Guardian's Signature	Date
Do Not Complete Part II if you ha Part II (Refusal to Consent)	ave completed Part I.
I do not give consent for emergency med emergency treatment, I wish the school to	lical treatment of my child. In the event of illness or injury requiring o take no action or to:
Depart on Cuerdian's Cia	
Parent or Guardian's Signature	Date