

Please Print

Dayton Public Schools EMERGENCY MEDICAL AUTHORIZATION

Student's Last Name	First	Middle	Sex	Date of Birth	Home Phone	
Student's Address					Zip	
Father/Guardian	Employed by			Work Phone		
Mother/Guardian	Employed by			Work Phone		
ALTERNATIVE PERSONS TO BE NOTIFIED WHEN PARENTS CANNOT BE REACHED						
(1.)	Name		Phone	(2.)	Name	
	Name		Phone		Name	

COMPLETE PART I, II, AND III. IF REFUSING CONSENT, COMPLETE PART IV.

PART I: CONSENT GRANTED

_____ at _____ have been unsuccessful, I hereby give my
Parent/Guardian Parent/Guardian Phone Phone

consent for: (1). Administration of any treatment deemed necessary by Dr. _____ or
Preferred Physician Phone (Optional)

Dr. _____ or in the event the designated preferred practitioner is not available, by
Preferred Dentist Phone (Optional)

another licensed physician or dentist; and (2). The transfer of the child to: _____
Preferred Hospital

or any hospital reasonably accessible.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS/DENTISTS CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED BEFORE SURGERY IS PERFORMED. PLEASE LIST BELOW FACTS CONCERNING THE CHILD'S MEDICAL HISTORY OR ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED. THE DAYTON PUBLIC SCHOOLS IS WORKING IN COLLABORATION WITH THE CENTER FOR HEALTHY COMMUNITIES TO IMPROVE ACCESS TO HEALTHCARE. TO DO THIS WORK, WE SHARE INFORMATION WITH OTHER LICENSED HEALTHCARE PROVIDERS AND/OR MEDICAID.

Has your child ever had (Please (√) check all that apply):

Heart Trouble _____ Asthma _____ Epilepsy (Seizures) _____ Diabetes (Sugar) _____ Other _____

Explain any allergy or disease causing difficulty: _____

X _____
Signature of Parent/Guardian Address Date

COPY OF OHIO REVISED CODE ON BACK OF THIS FORM

PART II: HEALTH INSURANCE

Do you have health insurance for your child(ren) age 19 and younger?

Yes No

Insurance Provider _____

PART III: STUDENT'S MEDICATIONS

Does child **regularly** take prescribed medications? Yes No

If yes, please list medications:

Are any medications given during school hours?

Yes No

(If yes, please obtain the Medication Administration form at your child's school.)

PART IV: CONSENT REFUSED

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 NO ACTION OR TO:

Signature of Parent/Guardian

Address

Date

SECTION 3313.712, OHIO REVISED CODE
(Pursuant to Am. H.B. 1175)

(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 to 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 medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extracurricular 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).