

Riverside Local Schools
EMERGENCY MEDICAL AUTHORIZATION

*****Please use INK and NOT pencil*****

OHIO LAW REQUIRES THIS FORM TO BE COMPLETED AND RETURNED EACH YEAR. COMPLETE THE FOLLOWING AND RETURN TO YOUR BUILDING WITHIN ONE WEEK TO YOUR BUILDING PRINCIPAL.

PURPOSE: 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 STUDENT DATA

Student's Name _____ Date _____
Address _____ School _____
Home Phone _____ Homeroom Teacher _____
Birthdate _____ Grade _____ Section _____

PART II FACTS CONCERNING THE STUDENT'S HEALTH

1. PAST AND CURRENT MEDICAL HISTORY _____

2. ANY PHYSICAL OR EMOTIONAL PROBLEM OR IMPAIRMENT _____

3. ANY PRESCRIPTION OR OVER-THE-COUNTER MEDICATION YOUR CHILD TAKES (COMPLETED MEDICATION FORM REQUIRED IF TAKEN AT SCHOOL) _____

4. ANY ALLERGIES TO MEDICATION, FOOD OR OTHER SUBSTANCES AND/OR SEVERE INSECT STING REACTIONS _____

5. ANY OTHER SPECIAL INSTRUCTIONS CONCERNING THE HEALTH CARE NEEDS OF YOUR CHILD _____

PLEASE COMPLETE – SIGN PART III OR PART IV

PART III - TO GRANT CONSENT In the event reasonable attempts to contact me at

_____ at _____, _____, or _____
(Parent #1 Name) (Home Phone #) (Work Phone #) (Cell Phone #)

OR

_____ at _____, _____, or _____
(Parent #2 Name) (Home Phone #) (Work Phone #) (Cell Phone #)

have been unsuccessful, I hereby give my consent for the **administration of any treatment deemed necessary including permission to transport my child to the nearest hospital.** 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.

Drs. _____,
(Preferred Physician and Phone #) (Preferred Dentist and Phone#)

or, in the event the designated practitioner is not available, by another licensed physician or dentist.

(SIGNATURE OF PARENT OR GUARDIAN) (ADDRESS – IF DIFFERENT FROM STUDENT)

PART IV - REFUSAL TO CONSENT (Do not complete Part IV if you complete Part III)			
In the event reasonable attempts to contact me at			
_____	at _____,	_____,	_____
(Parent #1 Name)	(Home Phone #)	(Work Phone #)	(Cell Phone#)
OR			
_____	at _____,	_____,	_____
(Parent #2 Name)	(Home Phone #)	(Work Phone #)	(Cell Phone #)
have been unsuccessful, 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 OR GUARDIAN)		(ADDRESS – IF DIFFERENT FROM STUDENT)	

PART V - GENERAL INFORMATION

Ohio State Legislature legally requires school districts to distribute to parents or guardians and keep on file forms giving parents and guardians the option of authorizing emergency medical treatment for children who become ill or injured while under school authority, and to declare an emergency.

Nothing in the below mentioned law shall be construed to impose additional liability on any school official or employee who, in good faith, attempts to comply with this law.

**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 have provided to the parent or legal guardian 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 the parent or legal guardian of such pupil, 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.

If a parent or guardian does not wish to give such written permission, he/she shall indicate in the proper place on the form the procedure he/she wishes school authorities to follow in the event of a medical emergency involving his/her child.

Even if a parent or guardian 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 an extracurricular activity authorized by the appropriate school authorities the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or guardian before the 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.