

## Western Reserve Elementary

Dear Parent/Guardian

State law requires all Ohio public schools to offer parents or guardians the opportunity to complete an Emergency Medical authorization form on each of their children in the public schools for emergency hospital treatment for illness or injury, in cases where the parent or guardian cannot be contacted for approval of such emergency treatment.

Please complete Part I of the Emergency Medical Authorization form for each of your children if you would like this information on file at the schools. Complete Part II if you do not want emergency treatment permission on file.

Please return one form for each child to the school to which he/she is assigned by the first day of school..

### **ORC Section 3313.712**

(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 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 his parent or legal guardian, 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 or legal guardian, authorities of the school in which the pupil is enrolled may permit the parent or legal guardian to make changes in a previously filed form, or to file a new form.

If a parent or legal guardian 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 or legal guardian 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 extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent or legal guardian 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)

Western Reserve Elementary has revised the Emergency Medical Authorization and Emergency Closing forms. It is very important the we be able to contact you or a relative in case your child becomes ill or injured.

**Please complete the following attached forms and return on your child's first day of school.**

## Emergency Medical Authorization

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 I – To Grant Consent

#### Emergency Contacts

**Please list contacts that can come when your child needs to leave school.**

Legal Guardian is: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (Name) \_\_\_\_\_  
Parents are: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_

Emergency Contact (Non Parent) \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ 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 physician/dentist, 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:

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Do not complete Part II, if Part I is completed**

#### Part II-Refusal to Consent

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:

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_