

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.

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

If a parent or 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 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 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 pupils 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*).

EMERGENCY MEDICAL AUTHORIZATION

Please complete form in black or blue ink

Please check box if the following information contains a change in home address or phone number made in the last six months.

Student Name _____		Current Grade _____
Student's Home (Street) Address _____		School District _____
Student's Date of Birth _____	▶ Please indicate bus even if student drives: Bus # AM _____	
		Bus # PM _____
City, State & Zip _____	Student's Home Phone _____	School Attended _____
Mother's Name _____	Address (if different from student's) _____	Mother's Daytime Phone Number _____
Father's Name _____	Address (if different from student's) _____	Father's Daytime Phone Number _____

Guardian (if applicable) _____ Daytime Phone: _____

*Name of Relative or Childcare Provider: _____ Phone: _____ Relationship: _____
Address: _____

**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.*

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ Phone: _____

PART I OR PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT:

In the event reasonable attempts to contact me, other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical specialist, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or 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: _____

Signature of Parent or Guardian: _____ Date: _____

PART II – REFUSAL TO CONSENT: (DO NOT COMPLETE IF YOU COMPLETED PART I)

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: _____

Signature of Parent or Guardian: _____ Date: _____