

Liberty Union-Thurston Schools  
1108 South Main Street  
Baltimore, Ohio 43105

\_\_\_\_\_  
(Student's Name) (Date of Birth)

Purpose: To enable parent(s)/guardian(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent(s)/guardian(s) cannot be reached.

\_\_\_\_\_  
(Complete Home Address / including PO Box #)  
\_\_\_\_\_  
( ) ( ) 2015-2016  
(1<sup>st</sup> Choice Phone) (2<sup>nd</sup> Choice Phone) (School Year)

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**PART I - TO GRANT CONSENT**

Residential / Custodial Parent(s)/Guardian(s):

Mother \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Father \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Other Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Name of relative or childcare provider \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**IF MY CHILD REQUIRES MEDICAL ATTENTION DUE TO ILLNESS OR INJURY, AND IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE CONSENT FOR MY CHILD TO BE TREATED BY THE FOLLOWING MEDICAL PROVIDERS, AND TO BE TRANSPORTED TO THE FOLLOWING HOSPITAL. IF THESE MEDICAL PROVIDERS ARE NOT AVAILABLE, I GIVE MY CONSENT FOR MY CHILD TO BE TREATED BY ANOTHER LICENSED PHYSICIAN OR DENTIST, AND TO BE TRANSPORTED TO ANY HOSPITAL REASONABLY ACCESSIBLE.**

Medical Insurance Coverage/Policy Number \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Medical Specialist \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Local Hospital \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**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 \_\_\_\_\_

(In order to better protect the health of your child, this information will be provided to school employees teaching, working with, or supervising your child. This information will be treated in a confidential manner.)

\_\_\_\_\_  
(Date) (Legible Signature of Parent(s)/Guardian(s))  
\_\_\_\_\_  
(Address)

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**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 NO ACTION OR TO:**

\_\_\_\_\_  
(Date) (Legible Signature of Parent(s)/Guardian(s)) (Address)

## SECTION 3313.712, OHIO REVISED CODE

- 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 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 the 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, they should indicate in the proper place on the form the procedure they wish school authorities to follow in the event of a medical emergency involving their 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 authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the student'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.)