

**LAKWOOD LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION**

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.

Student Name _____
 Street Address _____
 City _____, OH _____
 ZIP _____
 Telephone _____
 School Attending _____

Grade _____ Date of Birth _____
Residential Parent/Guardian
 Mother's Name _____
 Daytime phone _____
 Father's Name _____
 Daytime phone _____
 Other's name _____
 Daytime Phone _____

Who should be called first in the event of an emergency?
 Name of person _____ Daytime phone number _____
 Name of Relative or Childcare Provider: _____

(Name)	(Address)	(Phone)	(Relationship)
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Doctor _____	Phone Number _____
Dentist _____	Phone Number _____
Medical Specialist _____	Phone Number _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are the following:

Allergies(food, insect, etc.) _____
 Other Medical Conditions/Medications _____

CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the following:

- 1) The Administration of any treatment deemed necessary by above-named doctor, 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.

PLEASE complete either PART I or PART II

PART I – TO GRANT CONSENT

I HEREBY GIVE CONSENT FOR THE EMERGENCY MEDICAL SERVICES (911/SQUAD) AND THE MEDICAL CARE PROVIDERS LISTED ABOVE TO BE CALLED IN THE EVENT OF AN EMERGENCY.

Date _____ Signature of Parent/Guardian _____, OH _____
 Address _____ City _____ ZIP _____

PART II – REFUSAL TO CONSENT on the reverse side

**LAKESWOOD LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION**

Student's Name

Grade

Date

DO NOT complete PART II if you completed PART I

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of the above named child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date

Signature of Parent/Guardian

_____, OH

Address

City

ZIP

Photography and Videotaping Permission

Without your permission, your child may not be photographed or videotaped during school activities. To grant permission to be photographed or videotaped for assessment purposes, please sign below

Parent/Legal Guardian's Name

Date

**SECTION 3313.712, OHIO REVISED CODE
(Pursuant to H.B. 811 and H.B. 639)
(Effective 6/11/1992)**

(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 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 the 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 permissions, 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 extra-curricular activity authorized by the appropriate school authorities, the authorities of this 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)