STEUBENVILLE CITY SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____ Birth Date: _____ Grade: _____

Address: _____ Student lives with: _____

City/Zip Code: _____ Home Phone#: _____

PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order	Relationship	Name	Day Phone	Home Phone	Cell Phone	Can pick up
						yes no
						yes no
						yes no
						yes no
						yes no

Please indicate if your child has any of the following:

1. Allergies(please list): _____
2. Medications* (please list): _____
3. Inhalers*(please list): _____
4. Other medical concerns or conditions to which medical personnel should be alerted? _____

*Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

	Name	Address	Phone Number
Physician:			
Dentist:			
Medical Specialist:			
Local Hospital:			

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 the appropriate medical professional; 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

_____ _____

Signature of Parent/Guardian for Grant to Consent Date

PART II: REFUSAL TO CONSENT

I do not give consent for emergency medical treatment for 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/Guardian for Refusal to Consent	Date

SECTION 3313.712, OHIO REVISED CODE

As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code.

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 the entry of any pupil into 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

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 sent 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, 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 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 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 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.