



STUDENT INFORMATION

_____	_____	_____	_____
School Building	Grade	Teacher	Student's Name
_____	_____	_____	() _____
County (where child lives)	Male/Female	Birth Date	Telephone Number
_____	_____	_____	_____
Street Address	City	State	ZIP

RESIDENTIAL PARENT(S) INFORMATION

Parent / Guardian 1:	_____	Circle one:	Mother Father Legal Guardian
_____	_____	_____	_____
Street Address (if different from child)	City	State	ZIP
() _____	() _____	() _____	_____
Home Number	Work Number	Mobile Number	_____
_____	_____	_____	_____
Place of Employment	Occupation	e-mail address	_____
Parent / Guardian 2:	_____	Circle one:	Mother Father Legal Guardian
_____	_____	_____	_____
Street Address (if different from child)	City	State	ZIP
() _____	() _____	() _____	_____
Home Number	Work Number	Mobile Number	_____
_____	_____	_____	_____
Place of Employment	Occupation	e-mail address	_____

RELATIVE / FRIEND (S) INFORMATION

Relatives or friends who can provide transportation in case of illness or injury when parents or guardians cannot be reached.
Must provide at least one:

	Name	Relationship	Daytime Phone
1.	_____	_____	() _____
2.	_____	_____	() _____
3.	_____	_____	() _____

MEDICAL HISTORY

Please detail facts concerning your child's medical condition including allergies, medications being taken, or physical impairments to which a physician, emergency medical technician, school nurse, and/or school employee should be alerted:

Please complete and sign Part I or Part II of this Form (See Page 2)



PART I OR II MUST BE COMPLETED

Purpose – To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PART I (CONSENT)

I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor	()	Telephone
Dentist	()	Telephone
Preferred 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 above named doctor, or, in the event the designated preferred practitioner is not available, by another 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 physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date	Signature of Parent or Guardian
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SECTION 3312.712, OHIO REVISED CODE
(Pursuant to H.B. 811 and H.B. 639)
(Effective 6-11-92)

(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 student 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 student into a public school in this state for the first time, provided 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 or a city, exempted village, local or joint vocational school district to which the student transferred. Upon request of his/her parent, authorities of the school in which the student 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 student 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, and authorities of his/her school shall make reasonable attempts to contact the parent before 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 the Division (A) of this section is as follows:

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 my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Street Address	City	State	ZIP
Date		Signature of Parent or Guardian	