

(See letter - other side)

KETTERING CITY SCHOOL DISTRICT - EMERGENCY MEDICAL AUTHORIZATION

Section 3313.712, Ohio Revised Code

Student Name _____ School Attending _____ Grade _____ Date of Birth _____

Address _____ Telephone _____

INSTRUCTIONS TO FATHER, MOTHER, GUARDIAN: You are to complete either Part I or Part II of this form and return it to your child's school within 10 days after you receive it.

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

Residential parent or guardian:

Mother's Name _____ Home # _____ Work # _____ Cell # _____
Father's Name _____ Home # _____ Work # _____ Cell # _____
Other's Name _____ Home # _____ Work # _____ Cell # _____

Name of relative or child care provider: _____ Relationship _____
Address _____ Phone _____

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:

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

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 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 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 and school personnel should be alerted: _____

Date _____ Signature of parent/guardian _____
Address _____

(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: _____

Date _____ Signature of parent/guardian _____
Address _____