

**CAREER & TECHNOLOGY EDUCATION CENTERS OF LICKING COUNTY
EMERGENCY MEDICAL AUTHORIZATION
2020-2021**

HOME SCHOOL _____	STUDENT NAME _____
C-TEC PROGRAM _____	ADDRESS _____
DATE OF BIRTH _____	_____
HOME TELEPHONE _____	PARENT EMAIL ADDRESS _____

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.

CUSTODIAL PARENT/LEGAL GUARDIAN'S NAME _____	
ADDRESS _____	DAYTIME PHONE _____
PARENT'S NAME _____	DAYTIME PHONE _____
PARENT'S NAME _____	DAYTIME PHONE _____
OTHER'S NAME _____	DAYTIME PHONE _____
NAME OF RELATIVE OR CHILDCARE PROVIDER _____	
_____	RELATIONSHIP _____
ADDRESS _____	PHONE _____

PART I OR II MUST BE COMPLETED

<u>PART I – TO GRANT CONSENT</u>	(<u>ALL</u> BLANKS MUST BE COMPLETED)
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 _____	EMERGENCY ROOM PHONE _____
<p>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.</p> <p>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.</p>	
Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:	

MY CHILD HAS A PEANUT/FOOD ALLERGY: <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE _____	
MY CHILD MUST CARRY AN EPINEPHRINE AUTOINJECTOR (EpiPen) <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN _____	DATE _____

<u>PART II – REFUSAL TO CONSENT</u>	(DO NOT COMPLETE IF YOU COMPLETED PART I)
I do <u>NOT</u> 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:	

MY CHILD HAS A PEANUT/FOOD ALLERGY: <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE _____	
MY CHILD MUST CARRY AN EPINEPHRINE AUTOINJECTOR (EpiPen) <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN _____	DATE _____

SECTION 3313.712, OHIO REVISED CODE
(Pursuant to H.B. 811)
(Effective 8-21-78)
(Sub. House Bill 639, Effective Date: 6/30/92)

As used in this section, "parent" means parent as defined in section 3321.01 of the 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, 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 a public school in this state for the first time, provide his/her 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 his/her parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or file a new form.

If a parent does not wish to give such written permission, he/she shall indicate in the proper place on the form the procedure he/she wishes school authorities to follow in the event of a medical emergency involving his/her child.

Even if a parent give 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/her 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 a 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)