



Dayton Early College Academy, Inc.
EMERGENCY MEDICAL AUTHORIZATION 2021-22

Date

Student's Last Name First Middle M/F Sex Date of Birth Home Phone

Student's Address Zip

Father/Guardian Employed by Work Phone

Mother/Guardian Employed by Work Phone

ALTERNATIVE PERSONS TO BE NOTIFIED WHEN PARENTS CANNOT BE REACHED

(1) Name Phone (2) Name Phone

EITHER PART I OR PART II MUST BE COMPLETED

Part I: CONSENT GRANTED

In the event reasonable attempts to contact Parent/Guardian at Phone or

Parent/Guardian at Phone have been unsuccessful, I hereby give

my consent for (1) Administration of any treatment deemed necessary by Dr. Preferred Physician

or Dr. Preferred Dentist or in the event the preferred practitioner is not available, by

another licensed physician or dentist; and (2) The transfer of the child to: Preferred Hospital

or any hospital reasonably accessible.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS/DENTISTS CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED BEFORE SURGERY IS PERFORMED. PLEASE LIST BELOW FACTS CONCERNING THE CHILD'S MEDICAL HISTORY OR ANY PHYSICAL IMPAIRMENT TO WHICH A PHYSICIAN SHOULD BE ALERTED.

Has your child ever had: Heart Trouble Tuberculosis Epilepsy Diabetes Other (Seizures) (Sugar)

Explain any Allergy or Disease causing difficulty:

Explain any regular use of medicine:

DATE SIGNATURE OF PARENT/GUARDIAN ADDRESS

Part II: CONSENT REFUSED

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

NO ACTION OR TO:

Date Signature of Parent/Guardian Address

SECTION 3313.712, OHIO REVISED CODE

(Pursuant to Am. H.B. 1175)

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first of October, have provided to the parent or legal guardian 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 the parent or legal guardian of such pupil, 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 parent or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian 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 or guardian 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 the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the 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.