

Great Oaks Career Campuses  
Diamond Oaks Career Campus  
EMERGENCY MEDICAL AUTHORIZATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home School: \_\_\_\_\_ Program: \_\_\_\_\_ Level: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Custodian/Guardian:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

*Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents/guardians cannot be reached.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

**I hereby give my consent for the following medical care providers & local hospital be called:**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*This authorization does not cover major surgery unless 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.*

Please list facts concerning the child's medical history including allergies, medications being taken & any physical impairment to which a physician should be alerted: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 medical treatment, I wish the school administration to take no action or to: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 day 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 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 authorization 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.

- (B) The emergency medical authorization form provided for in division (A) of this section is as follows: (see attachment)