



22+ Emergency Medical Authorization

Section 3313.712, ORC

Student Name _____

Spouse / Partner's Name _____

Address _____

Phone _____

In case of emergency, contact:

Name _____ Phone _____

Name _____ Phone _____

Part I - TO GRANT CONSENT

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

Hospital _____

Doctor _____ Phone _____

Dentist _____ 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; and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____

Student's Signature

1. Any health problems or concerns that school personnel should be aware of:
2. Are you under doctor's care on an ongoing basis?
3. Allergies - medicine, food or environmental? Please specify.