Student's Homeroom # _________

Copies: white - school office
yellow - transportation
pink - school nurse

Bellbrook-Sugarcreek Schools

Emergency Medical Authorization

Form: CO-0450 (rev. 4/2012)

The purpose of this form is to enable a parent/guardian to ***authorize emergency treatment*** for their child who may become ill or injured while under school authority when the parent/guardian cannot be reached or when an emergency occurs while the child is enroute to or from school on the school bus. Reference O.R.C. 3313.712.

PLEASE PRINT except where your signature is required! Use BLACK PEN and press hard!

Student's name ___________________________________Date of Birth _____________ Grd ______ Bus # _____

Address ____Phone _____________

Building: ____ Stephen Bell Elementary ____ Bell Creek Intermediate ____ SEC / Preschool

____ Bellbrook Middle School ____ Bellbrook High School ____ Other _______________________

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at ____________________ (*phone number*) / _____________________ (*cell number*) or my spouse at _______________________ (*phone number*) / ______________________ (*cell number*) have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:
Dr. ____ (*preferred physician*) or
Dr. ____ (*preferred dentist*) or,
in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, ***

(2) the transfer of my child to ______________________________________ (*preferred hospital*) or any hospital reasonably accessible.

***** This authorization does NOT cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained *before* the surgery is performed.**

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→ **FOLLOWING are facts concerning my child's medical history <u>including allergies to foods/medications/bees, a list of current medications, and any health concerns</u> such as diabetes to which a physician and the school should be aware of in case of emergency. This form will accompany my child to the emergency room.**

____

____

I certify by my signature that the information given above is correct and I understand that it is my responsibility as parent/guardian of this student to contact the appropriate school office and complete an updated authorization to change, modify, delete or add to any of the designations and/or medical history certified by me this date.

Signature of responsible parent/guardian:

____

Date: _________________

I give the school nurse permission to share specific medical information with the appropriate school personnel in order to provide optimal care for my child at school.

Signature of responsible parent/guardian:

____

Date: _________________

PART II - REFUSAL TO CONSENT **(do <u>not</u> complete Part II if you completed Part I)**

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 actions: ____

____

I understand the full implications of my refusal to consent and release the school from all liability in case my child is harmed by any delay in treatment.

Signature of responsible parent/guardian: _____ Date: _____