

**ANNUAL EMERGENCY MEDICAL AUTHORIZATION**  
 TO BE COMPLETED BY ADULT HAVING LEGAL AUTHORITY OVER THE STUDENT  
 Revised Code §3313.712

2014-2015 School Year <b>FOR OFFICE USE ONLY</b> Homeroom: _____
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**PERRY LOCAL SCHOOLS**

**A.** Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Please Print)

Purpose: To enable parents/guardians to authorize emergency treatment for children who are ill/injured while under school authority when parents/guardians cannot be reached. In addition, limited health information necessary for personal safety and education may be shared with select school staff members in order to maintain a safe school environment.

**Facts concerning the child's medical history including allergies, medications taken, and any health concerns to which a physician should be alerted:**

Allergies: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

**B. PART I OR PART II MUST BE COMPLETED AND SIGNED**

<b>PART I: TO GRANT CONSENT</b>	<b>PART II: REFUSAL TO GRANT CONSENT</b>
I hereby give consent for the following medical care providers and local hospital to be called  Doctor: _____ Phone: _____ Dentist: _____ Phone: _____ Medical Specialist: _____ Phone: _____ Hospital/ Emergency Room: _____ Phone: _____  In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of treatment deemed necessary by the above named practitioners, or, in the event the designated preferred practitioner is not available, by another licensed practitioner; (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners, concur in the necessity for such surgery, are obtained prior to the performance of such surgery.  Parent/Legal Guardian (Please Print): _____  Parent Primary Contact Phone: _____ Parent Secondary Phone: _____ Parent Signature: _____ Date: _____	I <b>DO NOT</b> 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:  _____ _____ _____ _____ _____ _____ _____ Parent Signature  Date: _____

**C. PARENTS/LEGAL GUARDIANS**

PLEASE CHECK ONE:      \_\_\_\_\_ I have reviewed and updated our household information on the parent portal.

   \_\_\_\_\_ I have reviewed our household information on the parent portal and there are no updates at this time.

   \_\_\_\_\_ I do not have access to a computer and need to have the forms sent home to me.