Rittman Exempted Village School District

# EMERGENCY MEDICAL AUTHORIZATION

Student's Legal Name _____

Home Address _____

City, State & Zip Code _____ Phone ( _____) _____

Date of Birth _____ / _____ / _____ Grade _____ Teacher _____

**RESIDENTIAL PARENT/GUARDIAN INFORMATION**

(The purpose of this information is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent or guardians cannot be reached.)

Mother _____ Daytime Phone ( _____ ) _____

Father _____ Daytime Phone ( _____ ) _____

Relative / Childcare Provider_____ Relationship _____

Address _____ Phone ( _____) _____

Other Contact _____ Phone ( _____ ) _____

Doctor _____ Phone ( _____ ) _____

Dentist _____ Phone ( _____ ) _____

Medical Specialist _____ Phone ( _____ ) _____

Local Hospital _____ Phone ( _____ ) _____

## TO GRANT CONSENT

In the event reasonable attempts to contact me or the other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical professionals, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the 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.

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

_____

_____

_____ _____

*Date* *Signature of Parent or Guardian*

## REFUSAL TO GRANT CONSENT

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 action:

_____

_____

_____ _____

*Date* *Signature of Parent or Guardian*

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