

RITTMAN EXEMPTED VILLAGE SCHOOL DISTRICT

Staff Emergency Medical Authorization
(Complete and turn into your building supervisor.)

_____ Employees Name	
_____ Home Address	_____/_____/_____ Date of Birth
_____ City, State & Zip	_____ Home Phone
_____ Home Email Address	_____ Cell Phone

Purpose: To enable school authorities to provide emergency treatment for an employee who becomes ill or injured while on the job during the _____ school year.

In the event that I am unable to give my permission for treatment of illness or injury, please contact the following persons:

_____ Name	_____ Relationship	_____ Telephone Number
_____ Name	_____ Relationship	_____ Telephone Number

If the above individual(s) cannot be contacted, I hereby give my consent to the administrative staff, permission to contact the following doctors so that they can determine any treatment deemed necessary:

_____ Preferred Physician	_____ Telephone Number
_____ Preferred Physician or Specialist	_____ Telephone Number
_____ Preferred Dentist	_____ Telephone Number

In the event the designated preferred practitioner is not available, I give permission to call Rittman EMS for transportation to _____ hospital.

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.

Any pertinent facts concerning medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted: _____

_____ Signature of Employee	_____ Date	Rev. 4/16
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