

Fairlawn Emergency Medical Authorization Form

(Ohio Revised Code 33.13.712)

Student's Name _____ Grade _____ Date of Birth _____

Address _____ City _____ Zip _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. This information will be shared as necessary with teachers, bus drivers, administrative staff, health personnel including clinic staff and other school personnel.

EMERGENCY CONTACTS: Please list names in the order they should be contacted if a parent cannot be reached. If a parent should not be contacted first, please note.

Name	Relationship to Student	Home Phone	Cell Phone	Work Phone	Email
Parent		() () ()	() () ()	() () ()	
Parent		() () ()	() () ()	() () ()	
Contact #1		() () ()	() () ()	() () ()	
Contact #2		() () ()	() () ()	() () ()	
Contact #3		() () ()	() () ()	() () ()	

It is extremely important that you provide ALL pertinent medical history or information about existing conditions that may affect your child at school. If you would like us to know additional information about your child's health and well being and need more space, please use a separate sheet of paper.

Medical Conditions Including Food Allergies and/or Drug Allergies:

Medications To Be Taken At School:

Name of Medication	Dose of Medication	Time	Frequency of Administration	Method of Administration	Possible Adverse Side Effects

The Clinic **WILL NOT** provide any over the counter medication (e.g. Acetaminophen, Allergy, Cold Medicine, Ibuprofen, Antacids, Cough Drops etc.). If your child is in need of any of this medication they may bring it to the clinic labeled with their name to be dispensed by school staff. **NO** student is permitted to have or distribute medication of any kind. *If caught, your student will be given a 10 day suspension.*

Parent/Guardian Signature _____

PART 1 OR PART 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

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

Doctor: _____ Dentist: _____
 Hospital of choice: _____ Insurance provider: _____

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 doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist, and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Guardian _____ Date _____

PART 2: REFUSAL TO 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: _____

Signature of Parent/Guardian _____ Date _____

Please list names of people who have authorization to pick up students from school for early release. Students will not be released to anyone except the parties listed below (must have proper ID):

Name	Relationship and Contact Number	Name	Relationship and Contact Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Child Care Provided by _____ Phone Number _____

RESIDENTIAL/SHARED PARENTING

If parents are separated or divorced, never married, or not living together, does the school have court documents? Yes No

Student resides with: Mother and Father Mother Only Father Only Mother & Stepfather Father & Stepmother Other _____

If shared parenting, please provide shared parenting schedule for school year: _____

Permission must be received in writing from custodial parent if students are to be dismissed to non-custodial parent _____
 Custodial parent _____

Is there any denial of visitation/restraining orders? (Court documents must be on file in office) Yes No
 Other instructions: _____

**Please provide new information to the school any time there are changes made to the above information