

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

**PERRY LOCAL SCHOOLS**

**2019 SUMMER CAMPS**

**A.** Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Please Print) 2019-2020

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><u>PART I: TO GRANT CONSENT</u></b>	<b><u>PART II: REFUSAL TO GRANT CONSENT</u></b>
<p>I hereby give consent for the following medical care providers and local hospital to be called</p> <p>Doctor: _____ Phone: _____</p> <p>Dentist: _____ Phone: _____</p> <p>Medical Specialist: _____ Phone: _____</p> <p>Hospital/ Emergency Room: _____ Phone: _____</p> <p>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.</p> <p>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.</p> <p>Parent/Legal Guardian                      (Please Print): _____</p> <p>Parent Primary Contact Phone: _____ Parent Secondary Phone: _____</p> <p>Parent Signature: _____ Date: _____</p>	<p>I <b><u>DO NOT</u></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:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Parent Signature _____</p> <p>Date: _____</p>