

**FINNEYTOWN LOCAL SCHOOL DISTRICT  
EMERGENCY MEDICAL AUTHORIZATION  
2018-2019**

\_\_\_\_\_  
Student Name (Please print) \_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Age \_\_\_\_\_  
Grade \_\_\_\_\_  
Student Cell Number \_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Address including zip code

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the school's authority, when parents or guardians cannot be reached.

**PARENT/GUARDIAN INFORMATION:**

Mother's name	Mother's Daytime Phone #
Mother's E-Mail	Mother's Cell Phone #
Father's Name	Father's Daytime Phone #
Father's E-mail	Father's Cell Phone #
Guardian's name	Guardian's Daytime Phone #
Guardian's E-mail	Guardian's Cell Phone #

**Living with:** Mother/Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_  
 Father/Stepmother \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Foster Parent \_\_\_\_\_ Exchange Student \_\_\_\_\_

**Names of siblings, their ages and school they attend:** \_\_\_\_\_

**If parent is unavailable, try:**

**#1 Emergency contact person:**

Name _____	Relationship _____
Daytime Phone # _____	Cell Phone # _____

**#2 Emergency contact person:**

Name _____	Relationship _____
Daytime Phone # _____	Cell Phone # _____

**STUDENT'S MEDICAL INFORMATION:**

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment(s)/condition(s) to which school personnel/physical should be alerted: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Note: The above information will be shared with appropriate staff as necessary, unless notified in writing by parent/guardian.  
 Hamilton County Public Health TB Control Unit requires documented TB (tuberculosis) testing of certain students.*

Check all that apply:  
 I am a newly enrolled student who has been in the USA for 5 years or less.  
 I am a currently enrolled student who traveled/plans to travel to a high-risk county (defined by the World Health Organization) in a non tourist over the summer or during the current school year.  
 None of the above

Questions should be directed to the district school nurse.

**\*\*\*PART I OR PART II MUST BE COMPLETED AND SIGNED\*\*\***

<b>PART I (Must be completed to grant consent)</b>	
Doctor's Name: _____	Phone #: _____
Dentist's Name: _____	Phone #: _____
Medical Specialist: _____	Phone #: _____
Local Hospital: _____	Emergency Room Phone #: _____
<p>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 the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (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 physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</p>	
Date _____	Signature of Parent/Guardian _____
Printed Name of Parent/Guardian _____	
Address including zip code _____	

<b>PART II - REFUSAL TO CONSENT (Do NOT complete this portion if you completed Part I above)</b>		
<p>I <b>DO NOT</b> give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency room treatment, I wish the school authorities to take NO action or to: _____</p> <p>_____</p> <p>_____</p>		
Date _____	Signature of Parent/Guardian _____	Printed Name of Parent/Guardian _____

<b>INSURANCE DISCLAIMER</b>	
My son/daughter _____ Check ONE of the following	
_____ is <b>NOT</b> covered by accident and health insurance. I must purchase coverage.	
_____ is <b>FULLY COVERED</b> by accident and health insurance.	
Insurance Company: _____	Policy #: _____
Phone: _____	
Person in whose name insurance is carried: _____	
Relationship: _____	
<p>In the event of injury to my son/daughter while involved in travel to and from AND during extracurricular participation, I shall in no way hold Finneytown Local School District responsible for said injury. My family will assume complete responsibility for coverage for any and all injuries which may occur.</p>	
Signed: _____	Date: _____
(Parent or Legal Guardian)	