

Student cell phone #: _____

Gahanna-Jefferson Public Schools – High School - Emergency Medical Authorization

Required by Section 3313.712 of the Ohio Revised Code

Student Information:

Last Name: _____ First Name: _____ Nickname: _____

Birth Date: _____ Gender: M / F Grade: _____ Homeroom Teacher: _____

Parent or Legal Guardian Information:

Name: _____ Relationship to student: _____ Daytime phone: _____ Cell phone: _____

Name: _____ Relationship to student: _____ Daytime phone: _____ Cell phone: _____

Physical or Medical Conditions: (examples-asthma, seizures, developmental/cognitive/emotional disorder)

Allergies: _____

Type of reaction: _____

Treatment: _____

Current Medications: include dose and frequency (at home and school)

Please list any exclusions of service for EMS/hospital personnel (i.e. no blood or blood products):

MEDICAL AUTHORIZATION- Complete only Part I or Part II

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.

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

Part I - To Grant Consent

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 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.

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.

(Consent) Parent/Guardian Signature: _____ Date: _____

If you completed and signed Part I to grant consent do not complete Part II

Part II - 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: _____

(No Consent) Parent/Guardian Signature: _____ Date: _____