

Print Student's Full Name: _____ Date of Birth: _____ Course: _____

Emergency Medical Authorization

Section 3313.312 Ohio Revised Code *** Westerville City Schools

Purpose of this Authorization – This form enables parents to authorize emergency treatment for children that become ill or who become injured while under school authority when parents or guardians cannot be reached.

MEDICAL ALERT FOR SCHOOL PERSONNEL OR CONSULTING PHYSICIAN

Facts concerning the child's medical history, including ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENT to which a physician or dentist should be alerted: _____

Either Part I or Part II must be completed and signed.

PART I -- TO GRANT CONSENT: In the event that reasonable attempts to contact me or the other guardian listed on this registration form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ Phone: _____ Dr. _____ Phone: _____
(Preferred Doctor) (Preferred Dentist)

Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and transfer of the child to: _____
(Preferred Hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained before the surgery is performed.

Date _____ Parent/Guardian Signature _____ Home Phone # _____
Cell Phone # _____ Work Phone # _____

PART II -- 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 medical treatment, I wish the school authorities to take no action or _____

Date _____ Parent/Guardian Signature _____ Home Phone # _____
Cell Phone # _____ Work Phone # _____

PUBLICITY CONSENT FORM – Please Check One Box Only

____ I consent to the **publication** and other use of **photographs, video, or quotes** by my children for the current school year. In signing this publicity consent form, I understand that this may lead to republication in the general media and consent to the same.

____ I do NOT consent to the publication and other use of **photographs, video, or quotes** by my children for the current school year.

Parent Signature: _____ Date: _____