

**BARTELT DANCERS EMERGENCY MEDICAL AUTHORIZATION FORM
2015 - 2016**

NOTIFY THE SCHOOL OF ANY CHANGE IN PHONE OR EMERGENCY NUMBERS

Student Name _____ Date of Birth _____
Mothers and Fathers Name (if minor): _____
Address _____ City _____ Zip _____
Phone (H): _____ Phone (W): _____ Phone (Cell): _____

The following is required by section 3313.712 of the Ohio Revised Code.

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.

Name of Relative or Childcare Provider if parent/guardian cannot be reached: _____

Relationship: _____

Address _____ City _____ Zip _____

Phone (H): _____ **Phone (W):** _____ **Phone (Cell):** _____

PART I OR 11 MUST BE COMPLETED

PART I - (TO GRANT CONSENT)

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** _____

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 physician 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 of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian/or Participant: _____

Date _____

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:

Signature of Parent/Guardian/or Participant: _____

Date _____