

STUDENT EMERGENCY MEDICAL AUTHORIZATION FORM *
STRONGSVILLE CITY SCHOOLS

STUDENT NAME _____ BIRTH DATE _____ GRADE _____ SCHOOL ATTENDING _____
STREET ADDRESS _____ ZIP CODE _____ HOME TELEPHONE NUMBER _____
SEX ___ M ___ F BUS # _____ AM _____ PM

PURPOSE: TO ENABLE PARENT TO AUTHORIZE EMERGENCY TREATMENT FOR A STUDENT WHO BECOMES ILL OR INJURED WHILE UNDER SCHOOL AUTHORITY WHEN PARENTS CANNOT BE REACHED. PLEASE PROVIDE COMPLETE HEALTH INFORMATION AS THIS INFORMATION IS USED TO ANNUALLY UPDATE YOUR STUDENT'S FILE.

PART I OR PART II MUST BE COMPLETED BY PARENT/GUARDIAN

PART I (REFUSAL TO CONSENT)
I DO NOT GIVE 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 NO ACTION OR TO:

(DATE) _____ SIGNATURE OF PARENT OR GUARDIAN _____

PART II (TO GRANT REQUEST)
MOTHER'S NAME _____ FATHER'S NAME _____
WORK PHONE _____ WORK PHONE _____
(PLEASE CIRCLE ONE) (PLEASE CIRCLE ONE)
CELL PHONE OR PAGER _____ CELL PHONE OR PAGER _____
E-MAIL ADDRESS _____ E-MAIL ADDRESS _____
IS STUDENT IN WHEELCHAIR? ___ YES ___ NO DOES STUDENT REQUIRE A SEATBELT? ___ YES ___ NO

PERSONS (2) WHO HAVE AGREED TO BE CONTACTED WHEN ASSISTANCE IS NEEDED AND PARENT CANNOT BE REACHED, THEY SHOULD BE AVAILABLE TO ASSIST DURING THE SCHOOL DAY:
1. _____ PHONE _____
2. _____ PHONE _____

I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS TO BE CALLED:
DOCTOR _____ PHONE _____
DENTIST _____ PHONE _____
MEDICAL SPECIALIST _____ PHONE _____

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINION OF TWO OTHER PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, IS OBTAINED BEFORE THE SURGERY IS PERFORMED.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN AND ANY PHYSICAL AND/OR SOCIAL/EMOTIONAL HEALTH CONCERNS:

PLEASE REPORT ANY INFORMATION CHANGES TO THE BUILDING PRINCIPAL.

DATE _____ SIGNATURE OF PARENT OR GUARDIAN _____

*ALL INFORMATION IS ACCESSIBLE TO TRANSPORTATION PERSONNEL (DRIVERS) AND SCHOOL PERSONNEL.