

EMERGENCY MEDICAL AUTHORIZATION - AKRON CITY SCHOOLS

Student Name _____

Purpose -To authorize treatment for children who become ill or injured while under school authority, when parents cannot be reached. **PART I OR PART II MUST BE COMPLETED.**

PART I (TO GRANT REQUEST) In the event reasonable attempts to contact me _____ (phone number) or _____ (other parent) at _____ (phone number) have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), 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 _____ (preferred hospital or emergency care facility) or 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 before surgery is performed.

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

Date _____ Signature of Parent or Guardian _____
Address _____

PART II (REFUSAL TO CONSENT) DO NOT COMPLETE PART II IF YOU COMPLETED PART I.

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 no action or to: _____

Date _____ Signature of Parent or Guardian _____
Address _____
(PLEASE COMPLETE BOTH SIDES OF CARD)

Rev. 1/97

STUDENT NAME (last) _____ (First) _____ (Middle) _____
Student # _____ Student S.S.# _____ Room No. _____
Address _____ Zip _____ Telephone _____

Please list parents or other responsible people who may be contacted and/or permitted to take the child from school in case of emergency.

1. Father or Guardian _____
Address _____ Phone _____
Place of Employment _____ Phone _____
2. Mother or Guardian _____
Address _____ Phone _____
Place of Employment _____ Phone _____
3. Other Responsible Adult _____
Address _____ Relationship _____
Phone _____
Place of Employment _____ Phone _____

EMERGENCY DISMISSAL

If an emergency situation (such as severe weather conditions) forces schools to close before regular dismissal time, closing will be announced over local media. If there is an emergency dismissal, my child:

- can walk or be sent home on the regular school bus
- will be picked up at school as soon as possible
- must remain at school until regular dismissal time

(PLEASE COMPLETE BOTH SIDES OF CARDS)

76-09-0036