

STUDENT NAME _____

(Please print)

Last

First

(ID #)

Northmont City Schools

LATCHKEY EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

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PART I OR II MUST BE COMPLETED

<p>PART I: TO GRANT CONSENT</p> <p>I hereby give consent for the following medical care providers and local hospital to be called:</p> <p>Doctor _____ Phone _____</p> <p>Dentist _____ Phone _____</p> <p>Medical Specialist _____ Phone _____</p> <p>Local Hospital/Emergency Room Phone: _____</p> <p>_____</p> <p>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 doctors, or, in the event the designated 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.</p> <p>_____</p> <p>Signature of Parent/Guardian _____ Date _____</p>	<p>PART II: REFUSAL TO CONSENT</p> <p>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:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Parent/Guardian _____ Date _____</p>
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