

**You may fill in and save this form. (Revise and save as a different version for each child.) Print out, sign and turn paper copy in to school.**

**Bay Village City Schools Emergency Medical Authorization Form  
Please Print All Information (complete two pages)**

**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.**

Grade \_\_\_\_\_ School \_\_\_\_\_ Home Room # or Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Custodial Parent/Guardian (check one): Both \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

Residential Address of Student \_\_\_\_\_

Alternative Address of Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
(i.e. shared parent/non-custodial parent's address)

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Email \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Address: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Name of Relative or Childcare Provider \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**List the names of two local relatives/neighbors who may be called in case of an emergency or illness when parents cannot be reached. DO NOT INCLUDE PEOPLE WHO WORK DURING THE DAY.**

NAME \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_

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

**Health Concerns:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**You may fill in and save this form. (Revise and save as a different version for each child.) Print out, sign and turn paper copy in to school.**

**Bay Village City Schools Emergency Medical Authorization Form  
Please Print All Information**

**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.**

**PART I OR PART II MUST BE COMPLETED:**

**PART I – TO GRANT CONSENT Student Name: \_\_\_\_\_**

**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 \_\_\_\_\_ 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 above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist;  
(2) the transfer of the child to any hospital reasonably accessible.**

**This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

**Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Print Name \_\_\_\_\_**

**PART II – REFUSAL TO CONSENT Student Name: \_\_\_\_\_**

**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 or Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Print Name \_\_\_\_\_**

Revised 06/14

*(Both pages must be completed.)*