



Mahoning Unlimited Classroom

...an Ohio Community School

22+ EMERGENCY MEDICAL AUTHORIZATION

Section 3313.712, Ohio Revised Code

Mahoning Unlimited Classroom

Student Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

In case of emergency who do we contact?

Name _____

Daytime Phone _____

Cell Phone _____

Name _____

Daytime Phone _____

Cell Phone _____

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 _____

HOSPITAL _____

EMERGENCY 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; 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 physicians or dentists, concurring in the necessity for 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 impairments to which a physician should be alerted:

Date _____

Signature of student _____

1. Do you have any health problems or concerns the school personnel should be aware of? If so, what?

2. Are you under a doctor's care on an ongoing basis?

3. Do you have any allergies -- either food or environmental? Specify, please.