

**Emergency Medical/Handbook Authorization Form - O.R.C. 3313.712**

Please verify the information below, write any corrections *in BLACK ink*, and return the form to the school.

Holgate Elementary School

HR Teacher:

School Year: 2020-2021

**STUDENT AND PARENT/GUARDIAN INFORMATION**

Student Information	Current Record	Corrections
<b>Student Name/(Grade Level)</b>		
Address/PO Box		
Guardianship		
Date of Birth / Gender		
Home Phone		
Parent/Guardian Information	Current Record	Corrections
<b>Parent e-mail address</b>		
<b>Mother</b>		
Cell Phone		
Home Phone		
Work Place/Work Phone		
<b>Father</b>		
Cell Phone		
Home Phone		
Work Place/Work Phone		

**EMERGENCY CONTACT INFORMATION**

<b>Emergency Contact 1 (relationship)</b>		
Phone Number		
<b>Emergency Contact 2 (relationship)</b>		
Phone Number		
<b>Emergency Contact 3 (relationship)</b>		
Phone Number		
<b>Doctor:</b>		Phone
<b>Dentist:</b>		Phone
<b>Note any pertinent medical history including allergies (food, medicine or environmental), medications being taken, and any physical impairments to which a physician should be alerted:</b>		

**PART I OR II MUST BE COMPLETED**

**PART I: TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT:**

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; 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 dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

**BE SURE TO NOTIFY THE SCHOOL OF ANY ADDRESS OR GUARDIANSHIP CHANGES**

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

**PART II - REFUSAL TO CONSENT**

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:

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Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 3313.712. OHIO REVISED CODE (PURSUANT TO Am. H.B. 1175)** (A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide the parent or legal guardian of such pupil, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously file form, or to file a new form.

If a parent or guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows (see this page and reverse side).

**FIELD TRIP PERMISSION SLIP**

I hereby give permission for my child to participate in school sponsored class or organizational field trips during the current school year. I understand that all field trips will be organized and led by a school staff member. It will be the student's responsibility to inform parents of field trips.

In consideration for permitting the individual named above to participate in field trips, the undersigned releases and holds harmless Holgate Local School District and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students may not participate in field trips without this signed Field Trip Permission Form and current Emergency Medical Authorization Form.

**HANDBOOK SIGNATURE**

I have read and discussed the handbook with my child emphasizing the "Student Code of Conduct" and the "Student Code of Conduct for School Buses".

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MILITARY STUDENT IDENTIFIER ELEMENT**

Identifies student with a parent or legal guardian who is an active member of the Armed Forces or National Guard. Please check only one:

- Not Applicable-Parent or legal guardian of student is not an active member of Armed Forces or National Guard.
- Active Duty-Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)
- National Guard-Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard).
- Reserve Duty-Student is a dependent of a member of the Reserve Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard).