

## Cardinal Pacelli School Emergency Medical Authorization Form

**Purpose:** to enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured under school authority when parents/guardians cannot be reached.

Student \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Residential Parent/Guardian: \_\_\_\_\_

**Mother's** name \_\_\_\_\_ Mother's email \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Father's email \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_

Other Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**According to Ohio law, Part I OR Part II must be signed. (not both)**

### Part I: To grant consent:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical specialist (for chronic conditions) \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by the above-named caregivers, or in the event that the preferred practitioner is unavailable, by another licensed physician or dentist; 2) the transfer of the child to any hospital reasonably accessible.

The authorization does not cover major surgery unless the medical opinions of 2 licensed physicians or dentists concur on the necessity for such are obtained prior to the performance of such surgery.

**Medical conditions, allergies, medications, physical impairments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### 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 to take the following action if possible:

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_