

**St. Thomas More
Emergency Medical Authorization
School Year 2026-2027**

This Emergency Medical Authorization, required by O.R.C. 3313.712, must be on file for each student.
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/guardians cannot be reached.

PLEASE COMPLETE AND RETURN TO SCHOOL BY AUGUST

Student Last Name: _____ Student First Name: _____

Address _____ Date of Birth: _____ Grade _____

Mother's Name: _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name: _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

F Facts concerning the child's medical history including allergies, medications and any physical impairment to which the school or physician should be alerted: _____

Doctor to be called _____ Address _____ Phone _____

Dentist to be called _____ Address _____ Phone _____

Preferred Local Hospital _____

Part 1 - TO GRANT CONSENT

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 the above named doctor or in the event the designated preferred physician 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.

Date _____ Signature of parent/guardian _____

Part 2 - 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:

Date _____ Signature of parent/guardian _____

****Please list emergency contacts on reverse side***

List in order person(s) who may be notified and to whom your child may be released if the school cannot reach you:

◆ EMERGENCY CONTACTS

1. Name _____ Relationship _____
Address _____
Home Phone _____ Work _____ Cell _____

2. Name _____ Relationship _____
Address _____
Home Phone _____ Work _____ Cell _____

3. Name _____ Relationship _____
Address _____
Home Phone _____ Work _____ Cell _____

4. Name _____ Relationship _____
Address _____
Home Phone _____ Work _____ Cell _____

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Parent Signature: _____ Date: _____