

EMERGENCY MEDICAL AUTHORIZATION FORM

_____	_____	_____	_____
School District	School Building	Home Room Teacher	Grade
Student's Full Name _____	SSN _____		_____
_____	_____	_____	_____
Last	First	Middle	
Student's Address _____	_____		
_____	_____	_____	_____
Street/Road	P.O. Box/Apt. #	City	Zip Code
Student's Birth Date _____	Telephone (____) _____		
Mother's Full Name _____	Daytime Phone (____) _____		
Email Address _____	Cell Phone (____) _____		
Father's Full Name _____	Daytime Phone (____) _____		
Email Address _____	Cell Phone (____) _____		
Guardian's/Custodial Parents's Full Name _____	Daytime Phone (____) _____		
Email Address _____	Cell Phone (____) _____		
Name of Relative/Childcare Provider _____	Telephone (____) _____		
Relative/Childcare Provider Address _____	Relationship _____		

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

In case of an emergency involving your child and you cannot be reached, list ALTERNATE contacts (local please)

PRIMARY Alternate Emergency Contact _____	Telephone (____) _____		
Address _____	_____		
_____	_____	_____	_____
Street/Road	P.O.Box/Apt. #	City	Zip Code
SECOND Alternate Emergency Contact _____	Telephone (____) _____		
Address _____	_____		
_____	_____	_____	_____
Street/Road	P.O.Box/Apt. #	City	Zip Code

Part I (To Grant Consent): If the school has been unsuccessful in its attempts to contact me, I hereby give my consent for the following medical care providers and local hospital to be called: 1] The administration of any treatment deemed necessary by:

Dr. (physician) _____ Telephone (____) _____

Medical Specialist _____ Telephone (____) _____

Date _____ SIGNATURE OF PARENT/GUARDIAN _____

Complete Address _____

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:

Date _____ SIGNATURE OF PARENT/GUARDIAN _____

Complete Address _____

HEALTH INFORMATION: If your child was enrolled in a Clark County school last year, list only the date(s) of any immunization or booster(s) that have taken place since registration last school year so that the school health records can be brought up to date. Complete immunization records are required for students entering a Clark county school for the first time. For more information, call the school or the Clark County Health Department at 390-5615.

Immunizaion	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List facts concerning the child’s medical history to which a physician should be alerted: _____

List medication allergies: _____

List other allergies: _____

List any physical impairments: _____

List current medications being taken: _____

CLARK COUNTY HEALTH DEPARTMENT
 Community Health Center, 529 East Home Road, Springfield, Ohio 45503
 (937) 390-5615

Vaccine	Fall 2005 Immunization Requirements for Schools
DTaP/DTP/DT	<p>Kindergarteners - 5 does of DTaP, DTP, or DT or any combination, if the fourth dose was administered prior to their 4th birthday.</p> <p>Grades 1 through 12 - 4 doses of DTaP, DTP, or DT or any combination.</p>
Polio	<p>Kindergarteners - 4 doses always if a combination of OPV or IPV was administered. 4 doses of any combination of OPV or IPV if the third dose was administered prior to the 4th birthday.</p> <p>Grades 1 through 12 - 3 doses of OPV or IPV or any combination of OPV or IPV.</p>
MMR	<p>K through 12 - 2 doses of MMR, dose 1 administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B	<p>Kindergarteners through Grade 6 - 3 doses of Hepatitis B. The second dose must be administered at least 28 days after the first. The third dose must be two months from the second and at least four months from the first and administered at or after six months of age.</p>

Only full doses of vaccines using proper interval shall be counted as valid doses.

Source: Ohio Department of Health, 02/2005