NORTH CANTON CITY SCHOOLS

☐ **HEALTH ALERT**

EMERGENCY MEDICAL AUTHORIZATION

(FOR OFFICE USE ONLY)

The purpose of this form is to enable parents and guardians to authorize emergency treatment for children who become ill or injured while under the school's authority, when parents or guardians cannot be reached. Please be sure to complete each blank.

Student Name: *(Last Name, First Name)*			Primary Emergency Phone: *(This number will be called first in the event of an emergency)*
Student Address: *(Street, City, State, Zip)*			
Address Change from last Year? *Yes No*	Grade Level:	Date of Birth:	Gender: *M F*

PARENT OR LEGAL GUARDIAN CONTACTS:

Mother/Legal Guardian:	*Cell Phone:	Work Phone:
*Mother's Email Address *(*used for All-Call system):*		
Mother's Address: *(only if different from student)*		
Father/Legal Guardian:	*Cell Phone:	Work Phone:
*Father's Email Address *(*used for All-Call system):*		
Father's Address: *(only if different from student)*		

IF PARENTS ARE DIVORCED OR SEPARATED:

Who has legal (court appointed) custody? _____

Is there a legal restraining order in effect? *Yes No* *(circle one)*

If yes, the restraining order is against whom? _____

NOTE: Updated copies of all legal documents MUST be provided to the School

NOTE: Parents/guardians are required to notify the school of any changes in custody throughout the school year

MY CHILD **MAY BE RELEASED** to the following emergency contacts if school authorities cannot reach me:
(Please list in preferred calling order; identification from these individuals will be required)

1._____Relationship _____Phone_____Phone_____

2._____Relationship _____Phone_____Phone_____

In the event transportation to a hospital is necessary, please transfer my child to:

Name of Hospital_____ or Nearest Hospital

Check below any ***CURRENT*** health conditions that may require attention during the school day:

☐ Allergies (be specific) *(circle one)*
- ☐ Food_____ EpiPen? *Yes No*
- ☐ Insect Stings_____ EpiPen? *Yes No*
- ☐ Medications or Other *(list)* EpiPen? *Yes No*

_____

☐ Asthma or other Respiratory Condition(*describe)*_____

_____

_____
- Has an emergency inhaler *(circle one)* *Yes No*
- The inhaler will be at school *(circle one)* *Yes No*

☐ Cancer *(specific)*_____

_____

*Treatment / Surgery dates*_____

☐ Diabetes_____

_____

☐ Heart Condition *(specific)*_____

_____

Any current restrictions? *(circle one)* *Yes No*
(list on side two)

☐ Concussion(s)/head injury – date(s)_____

☐ Seizure Disorder _____
Currently on medication for seizures? *Yes No* *(circle one)*

☐ Physical Disability or Mobility Limitations_____
*List/describe*_____

☐ ADD ☐ ADHD

☐ Social / Emotional / Behavioral concerns_____
*List/describe*_____

☐ Hearing Problems
- ☐ Hearing Aids
- ☐ Other / describe_____

☐ Vision Problems
- ☐ Glasses or contacts
- ☐ Other / describe_____

PLEASE COMPLETE SIDE TWO

List any current restrictions:

Surgeries:

List all medications and dosages your child receives both at home and school:

Other health information the school should be aware of:

PLEASE COMPLETE PART I OR PART II – NOT BOTH

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, **I DO** hereby give my consent for: 1) EMS transportation of my child to any reasonably accessible hospital: 2) the administration of emergency treatment deemed necessary by licensed emergency physicians or licensed emergency medical first responders.

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.

Current Date_____ Parent or Guardian Signature_____

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 no action or to:

_____

_____

Current Date_____ Parent or Guardian Signature_____

To the best of my knowledge and belief, all information provided in this Emergency Medical Authorization is true and accurate.

Parent or Guardian Signature _____
Current Date_____