Grade	
Grade	

Ripley Union Lewis Huntington Schools Emergency Medical Authorization Form

ORC 3313.712

Student's Name:		Student's SSN:
Last	First	Optional
Student's Address:		D.O.B.:
		Building:
Home Room:	Bus #:	Home Telephone #:
Email address:		Cell Phone #:
		of emergency treatment for children who become ill or injured hed. This form is required by law to be on file.
Resident Parent or Guardian – Plea 3 and 4, in front of the name	ase print all information except for si	ignatures. Designate the preferred calling order by putting 1, 2,
		Daytime Phone:
Father's Name:		Daytime Phone:
Social Security Number:		D.O.B.:
Relative or Other		
Daycare Provider:		Daytime Phone:
Address:		Relationship:
Other:		Daytime Phone:
Part I or II Must Be Complete	ed	
Part I – To Grant Consent		
I Hereby give consent for	the following medical care provider	rs and local hospital to be called:
Doctor's Name:		Phone #:
D 3 37		To 1
		Phone #:
Hospital (Preferred):		Emergency Room #:
		accessful, I hereby give my consent for (1) the administration of
any treatment deemed necessary by another licensed physician or denti This authorization does no concurring in the necessity for sucl	y above named doctor, or in the ever ist; and (2) the transfer of the child to ot cover major surgery unless the me h surgery, are obtained prior to the p d's medical history including allergie	and the designated preferred practitioner is not available by any hospital reasonable accessible. Redical opinions of two other licensed physicians or dentists, performance of such surgery. Res, medications being taken, and any physical impairments to
Signature of Parent/Guardian:		Date:
Address:		
Part II - Refusal to Consent I Do Not give my consent I wish the school authorities take the	t for emergency medical treatment of the following action:	PART II IF YOU COMPLETED PART I f my child. In the event of illness or injury requiring treatment,
Signature of Parent/Guardian:Address:		Date:

AGREEMENT

I,		agree tha	t the following people ha	eve my permission to pick up	
		at the RU	JLH Elementary, Middle	or High School:	
Name		F	Relationship	Address & Phone Num	ıber
These people will be an updated form mu		ication when	picking up your child. If	at any time names are to be adde	d or removed
		Ī	Parent/Guardian Signatur	e Date	,
		ANNU	AL UPDATE		
PLEASE COMPI	LETE CONFIDENTIAL	INFORMA	TION TO BE SHARI	ED WITH TEACHING STA	FF
Does you child have	ve asthma as diagnosed by	a physician?			
Has your child had	l any allergic reactions to m	nedications,	foods, or insects?	_If yes, please list care require	ed:
Has your child had	l any allergic reactions to b	ee stings?l	f yes, please list care r	equired:	
Has your physician	n diagnosed your child hype	eractive?l	f yes, please list medic	cation, amount and time of adr	ninistration:
•	ave a seizure disorder as dia	•		please list medication, amou	nt, and time
				me given	
-	ear glasses?Contacts? r distance vision difficulties			For near vision difficulties?	
Please list any other	er health concerns you have	e for your ch	ild:		
List below all school	ol aged children living in the	household:			
First Name	Last Name	Grade	First Name	Last Name	Grade

STATEMENT OF NONDISCRIMINATION

The Ripley-Union-Lewis Huntington Local Schools (RULH) affirms that equal opportunities are offered without regard to race, color, religion, sex, military status, national origin, disability, age, ancestry or genetic information of a person. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or designated coordinators. This policy shall prevail over all Board policies concerning school employees and students.