Ripley Union Lewis Huntington Schools Emergency Medical Authorization Form

ORC 3313.712

Student's Name:		
Last	First	Middle Initial
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 – Pla 3 and 4, in front of the name	ease print all information except for si	ignatures. Designate the preferred calling order by putting 1, 2,
Mother's Name:		Daytime Phone:
Father's Name:		Daytime Phone:
	or Daycare Provider):	
Doctor's Name: Dentist's Name: Medical Specialist's Name: Hospital (Preferred): In the event reasonable a any treatment deemed necessary be another licensed physician or den This authorization does a concurring in the necessity for such Facts concerning the chi which a physician should be alert	attempts to contact me have been unsured above named doctor, or in the evertist; and (2) the transfer of the child to not cover major surgery unless the mech surgery, are obtained prior to the pld's medical history including allergicated:	Phone #: Phone:#: Phone #: Emergency Room #: Inccessful, I hereby give my consent for (1) the administration of at the designated preferred practitioner is not available by any hospital reasonable accessible. Edical opinions of two other licensed physicians or dentists, erformance of such surgery. Eas, medications being taken, and any physical impairments to
Signature of Parent/Guardian:		Date:
Part II – Refusal to Consent I Do Not give my conser I wish the school authorities take	DO NOT COMPLETE Int for emergency medical treatment of the following action:	PART II IF YOU COMPLETED PART I ABOVE ↑ f my child. In the event of illness or injury requiring treatment,
Signature of Parent/Guardian:		Date:

AGREEMENT

Ι,		agree tha	t the following people	have my permission to pick up		
		at the RU	JLH Elementary or Hig	h School:		
Name		Rela	tionship	Address & Phone Numb	& Phone Number	
These people will be an updated form must		l fication when p	picking up your child.	If at any time names are to be add	led or removed	
		Ī	Parent/Guardian Signat	ure Da	te	
		ANNU	AL UPDATE			
PLEASE COMPI	LETE CONFIDENTIAL	INFORMA'	TION TO BE SHAI	RED WITH TEACHING ST	AFF	
				VED WITH TEACHING ST		
	ve asthma as diagnosed by					
Has your child had	l any allergic reactions to i	nedications, i	foods, or insects?	If yes, please list care requi	red:	
Has your child had	l any allergic reactions to b	bee stings?I	f yes, please list care	required:		
Has your physician	n diagnosed your child hyp	eractive?I	f yes, please list med	lication, amount and time of ac	lministration:	
	ve a seizure disorder as di			s, please list medication, amo	unt, and time	
•		· ·		time given		
Or	ear glasses?Contacts? distance vision difficultier health concerns you hav	s?		for near vision difficulties?		
Trease list any out	or hearth concerns you hav	e for your en	nd			
List below all school	ol aged children living in the	e 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.