

EMERGENCY MEDICAL AUTHORIZATION

The Schilling School for Gifted Children
8100 Cornell Road Cincinnati, Ohio 45249
Phone 513-489-8940 Fax 513-489-8941
schillingschool.org

Student's Name _____
Address _____
Phone _____
Email _____

Part I or II must be completed indicating consent for emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian Information

Mother's Name _____ Daytime Phone _____
Cell Phone _____
Father's Name _____ Daytime Phone _____
Cell Phone _____
Other's Name _____ Daytime Phone _____
Cell Phone _____

Relative or Childcare Provider

Name _____ Relationship _____
Address _____ Phone _____
Cell Phone _____

Part I To Grant Consent – I hereby give consent for the following medical care providers and local hospital to be contacted:

Doctor Name _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Phone _____

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 above-named doctor, or, in the event the designated preferred practitioner 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Parent/Guardian Signature _____
Date _____

Part II Refusal to Consent – I **DO NOT** give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Parent/Guardian Signature _____
Date _____