



South Central *Ohio*
Educational Service Center

Sandra L Mers, Superintendent
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Center for Alternative and Progressive Education

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Student Information

Name: _____ Grade: _____ Home-School: _____

Address: _____

Phone: Home: _____ Cell: _____

DOB: _____ SSN: _____ ID: _____

SSID: _____

****Purpose--To enable parents and guardians to authorize the provision of 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: _____ Phone: Home _____ Cell _____

Father's Name: _____ Phone: Home _____ Cell _____

Other's Name: _____ Phone: Home _____ Cell _____

Relative/Guardian Information

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Cell: _____

(See Reverse Side)

Part I or II Must Be Completed

Part I: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

In the event reasonable attempts to contact have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, 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.

Medical History

Please list any medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted to:

Signature of Parent/Guardian: _____ Date: _____

Part II: Refusal to Consent

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

