



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

**Student Emergency Medical
and Contact Form**

STUDENT NAME _____ **GRADE** _____ **HOMEROOM** _____

FATHER/GUARDIAN Check here if child's residence

MOTHER/GUARDIAN Check here if child's residence

Name _____

Name _____

Address _____

Address _____

City/St/Zip _____

City/St/Zip _____

Home# _____ Cell# _____

Home # _____ Cell# _____

Email _____

Email _____

Employer _____ Work# _____

Employer _____ Work# _____

Stepmother _____

Stepfather _____

Cell# _____ Work# _____

Cell# _____ Work# _____

Student's:

Medical History _____

Medications _____

Known Allergies _____

GRANT CONSENT

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

Doctor _____ Ph# _____ Dentist _____ Ph# _____

Specialist _____ Ph# _____ Hospital _____ Ph# _____

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 the above named doctor, or in the event the designated practitioner is unavailable, 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 options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained to the performance of such surgery.

Parent/Guardian Signature _____ Date _____

RESUFAL TO GRANT CONSENT

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

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB639)

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/guardians cannot be reached. By listing the people below, you are giving permission for them to pick up your child from school. In an emergency situation, parents/relatives would be contacted in the order listed.

| Name | Home# | Cell# | Work# | Relationship to Child |
|------|-------|-------|-------|----------------------------|
| 1) | | | | Mother / Father / Guardian |
| 2) | | | | Mother / Father / Guardian |
| 3) | | | | |
| 4) | | | | |