Our Lady of Perpetual Help School
2255 Central Grove Toledo, OH 43614
419-382-5696 (p) 419-382-7360 (f)

Emergency Medical Form
For School Year 20_____ to 20 _____

Student Name _____ DOB _____ M F Grade _____
Address _____ City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian Information: (please order in preference of contact and order phone in preference)

Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____

List up to 4 other Family Members, Friends, to whom child can be released in case of accident/illness or early dismissal:
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____

Medical Information:
Primary Physician _____ Phone _____
Primary Dentist _____ Phone _____
Medical Specialist _____ Phone _____

Confidential Health History
Current Health Conditions: _____
History of Hospitalization: _____
Childhood diseases (i.e. chicken pox): _____
Known Allergies, Reactions, and Recommended Actions: _____
_____
Daily Medications/Doses and Reason: _____
_____
Any other comments about child's health, development, behavior, family, or home life that you feel the school clinic should be aware of: _____

Sign Part 1 or Part 2

Medical Consent—Part I—To Grant Consent
In the event reasonable attempts to contact me have been unsuccessful, and/or my child's condition is life threatening, I hereby give my consent for:

1. The transportation of the child to the closest, most appropriate hospital by emergency services.
2. The administration of any treatment deemed necessary by the above name doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
3. 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.

Signature of Parent/Guardian _____ Date _____

Part II—Refusal to Grant Consent
I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to:
_____

Signature of Parent/Guardian _____ Date _____

Please print clearly and press hard for duplication.
White copy = office, yellow copy = clinic, pink copy = teacher