

**GENOA CHRISTIAN ACADEMY
EMERGENCY MEDICAL AUTHORIZATION**
Section 3313.712 Ohio Revised Code

Student Name _____

Grade _____ Birth Date _____

Home Phone Number _____

Contact Phone Number	Circle One Type	Contact Person
1.	Home / Work / Cell	
2.	Home / Work / Cell	
3.	Home / Work / Cell	
4.	Home / Work / Cell	
5.	Home / Work / Cell	

MUST BE COMPLETED:

To Grant Consent:

In the event reasonable attempts to contact me or the designated person(s) listed with the contact numbers above 1, 2, 3, 4, or 5, have been unsuccessful, I hereby give my consent for (1) administration of any treatment necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist) or, in the event the designated preferred practitioner is not available, by any other licensed physician or dentist, and (2) the transfer of my child to _____ (preferred hospital) or 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 physicians/emergency technicians should be alerted: **(Uses an Inhaler)** _____

Signature of Parent/Guardian

Date

Note: "Over the Counter Medication" release is located on the back of this form. GCA Sports Season/Year _____

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Signature of Parent/Guardian

Date

Note: "Over the counter" medication release is located on the back of this form. GCA Sports Season/Year _____

“Over-the-Counter Medication” Release

I, _____, the parent/guardian of _____
give Genoa Christian Academy permission to administer the following “over the counter” medication as needed: (check
all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Children’s Acetaminophen (Tylenol) @ 80 mg each | <input type="checkbox"/> Junior Strength Ibuprofen (Advil) @ 100 mg each |
| <input type="checkbox"/> Junior Strength Acetaminophen (Tylenol) @ 160 mg each | <input type="checkbox"/> Adult Strength Ibuprofen (Advil) @ 200 mg each |
| <input type="checkbox"/> Adult Strength Acetaminophen (Tylenol) @ 500 mg each | <input type="checkbox"/> Allergy Tablet Store Brand (Benadryl) 25 mg each |
| <input type="checkbox"/> Other: _____ | <u>(Please include dosage allowable)</u> |

Signature of Parent/Guardian

Date

EMA: Rev. 2018

“Over-the-Counter Medication” Release

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Signature of Parent/Guardian

Date

EMA: Rev. 2018