

LCBDD/Deepwood Policy H-2
EMERGENCY MEDICAL TREATMENT AUTHORIZATION (EMTA) AND
AUTHORIZATION TO ADMINISTER MEDICATION

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LAKE COUNTY BOARD OF DD/Deepwood
EMERGENCY MEDICAL AUTHORIZATION
BROADMOOR SCHOOL

Student Name: _____
Address: _____
Phone #: _____

Residential Parent or Guardian:

Mother's Name: _____ Daytime Phone: _____
Father's Name: _____ Daytime Phone: _____
Other's Name: _____ Daytime Phone: _____
Name of Relative or Childcare Provider: _____
Relationship: _____
Address: _____ Phone: _____

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:

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ ER 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, modified diets, diet supplements, fluoride supplements and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____
Address: _____

PART II: Refusal to 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 the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____
Address: _____

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3313.712 Emergency Medical Authorization: Form

As used in this section "parent" means parent as defined in section 3321.01 of the Revised Code.

(A) Annually the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school office or school employee, who, in good faith, attempts to comply with this section.

AUTHORIZATION TO ADMINISTER MEDICATION

Medications, food supplements, fluoride supplements, and modified diets are administered to consumers by a licensed nurse or ODDD certified DD personnel while attending LCBDD/Deepwood programs (excluding self administered medications). A physician order is required for all prescription and non-prescription drugs, food supplements, fluoride supplements, and modified diets. It is the responsibility of the consumer/guardian/residential provider to provide a complete list of medications, food supplements, fluoride supplements, and modified diets as well as the medication and above mentioned supplements and specialized food supplements needed by the consumer. Notification to the nursing department of any changes in medication or diet is the sole responsibility of the consumer/guardian/residential provider. I have been informed of the risks and benefits of these medications & diets by the prescribing health care professional and I consent to their administration.

Signature of Parent/Guardian

Date

(B) The emergency medical authorization form provided for in division (A) of this section is attached as B, 1.