



# The Chapel in North Canton Emergency Medical Authorization

Section 3313.712, Ohio Revised Code  
(Pursuant to Am. H.B. 1175)

**Purpose: To enable parents and Guardians to authorize the provision of emergency treatment for children who become ill or injured while involved in church activity, when the parents or guardians cannot be reached.**

## **Part I or II must be completed Part I – To Grant Consent**

In the event reasonable attempts to contact me at \_\_\_\_\_(phone number) or \_\_\_\_\_(other parent or guardian) at \_\_\_\_\_(phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (Preferred physician) or Dr. \_\_\_\_\_ (preferred dentist), or, in the event the preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for 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 impairment to which a physician should be alerted:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date signed)

## **Part II – Refusal to Consent (DO not complete Part II if you completed Part I)**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the youth leaders to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date signed)