TOLEDO ISLAMIC ACADEMY

5225 W. Alexis Road, Sylvania, Ohio 43560
Phone: 419-882-3339 Fax: 419-882-3334

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and/or guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority. **Form must be signed in ink and completed for each child in family.**

Name-Student	Name-Father	Name-Mother
Address-Student	Address-Father	Address-Mother
Home Phone	Home: Work: Cell:	Home: Work: Cell:
Date of Birth (Month/Day/Year)	Place of Employment	Place of Employment

Please mark student's grade level in 2024/2025 school year: _____

Person to contact if parents/guardians are not available: 3 Contacts are required

Name	Address:	Phone	Relationship to Student

Allergies: _____ Date of last tetanus shot: _____

Medication being taken (drug, dose, times): _____

Please list health problems. For example, asthma, vision, epilepsy, diabetes, hypoglycemia, hearing, bone or muscle problems, etc.

_____

_____

PART I - AGREEMENT TO GRSNT CONSENT:

If unable to reach a parent or guardian, I hereby give my consent for: The administration of any treatment deemed to be necessary by

_____ or _____

(Doctor) (Dentist)

Or, in the event the designate practitioner is not available, (1) by another licensed physician or dentist: and

(2) the transfer of the student to____. _____,or any hospital which is reasonably accessible.

NOTE: This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of surgery are obtained prior to the performance of such surgery.

_____ _____

Signature of Parents or 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 Parents or Guardian (Date)

**THIS FORM MUST BE SIGNED AND COMPLETED IN INK EACH YEAR*