

EMERGENCY MEDICAL TREATMENT CONSENT

In accordance with the policy of the board of education the following procedures will be followed in the event of an emergency requiring medical attention to a student of this school district:

1. Consent to Medical Treatment:

The public schools may consent to medical treatment for the student whose name appears below provided:

- A. The person having the power to consent as provided by law cannot be contacted, and
- B. Written authorization to consent has been received from that person, and
- C. There is an emergency situation in which prompt action is deemed necessary.
- D. Emergency medical care will be provided in life-threatening situations whether or not written authorization is on file. Whether or not a situation is life-threatening will be determined by the principal teacher or administrator in attendance.

2. Form of Consent:

Consent to medical treatment under this policy shall be in writing, signed by the school official giving consent, and given to the doctor, hospital, or other medical facility that administers the treatment. The consent shall contain:

- A. The name of the student;
- B. The name of one or both parents, if known, or appointed guardian;
- C. The name of the school official giving consent and his or her relation to the student;
- D. A statement of the nature of the medical treatment to be given; and
- E. The date on which the treatment is to begin.

3. Administer Medication:

Employees of the public schools in this district may administer medication to a student provided:

- A. The district has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student, and
- B. When administering prescription medication, the medication appears to be in the original container and properly labeled.

EMERGENCY MEDICAL TREATMENT CONSENT (Cont.)

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

The undersigned hereby authorizes this school district to obtain medical treatment for the following student:

_____ (Legal Name of Student) _____ (Date of Birth)

in the event of an emergency requiring such treatment.

The undersigned agrees that the school district will not be held liable for injuries, reactions, or adverse effects sustained as a result of the medical treatment.

_____ (Parent or Legal Guardian)

_____ (Date)

Parent: Please list any known allergies or medical problems:

REFERENCE: 10 O.S. §170.2