



OHIO YOUNG BIRDERS CLUB

www.ohioyoungbirders.org

Founded in 2006 by Black Swamp Bird Observatory

Encouraging, Educating, and Empowering Our Youth Conservation Leaders



EMERGENCY MEDICAL AUTHORIZATION FORM

O.R.C. 3313.712

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who will become ill or injured while under authority of Black Swamp Bird Observatory and all chapter partners when parents or guardians cannot be reached.

Child's Full Name (please print): _____

Address _____

Home Phone: _____ Cell Phone: _____ Grade _____

Birth Date: (mm/dd/yy) _____

Mother's Full Name: _____ Phone _____ - _____ - _____

Father's Full Name: _____ Phone _____ - _____ - _____

Guardian's Full Name: _____ Phone _____ - _____ - _____

Part I - To Grant Consent:

I hereby give consent for the following medical care providers and local hospital to be contacted:

Name of Physician: _____ Phone _____ - _____ - _____

Name of Dentist: _____ Phone _____ - _____ - _____

Name of Preferred Hospital: _____ Phone _____ - _____ - _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give Black Swamp Bird Observatory and all partnering chapter organizations' representatives my consent for (1) the administration of any treatment deemed necessary by the 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 options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Part II - Refusal to Consent

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish Black Swamp Bird Observatory authorities to take the following action:

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Please complete and return form to:

Black Swamp Bird Observatory • 13551 West State Route 2 • Oak Harbor • Ohio • 43449