

EMERGENCY MEDICAL INFORMATION & PROCEDURE CARD

Please fill out this form completely.

Student's Name: _____

Phone #: _____

Teacher: _____

It is occasionally necessary to contact a parent regarding a student emergency such as an accident or sudden illness. If an emergency occurs at school, or on a school-sponsored activity, efforts will be made to contact the parent/guardian. If the parent/guardian cannot be reached, an attempt to contact the identified emergency person and/or the family doctor will be made.

In case of serious illness or accident to my above-named student, the school is hereby authorized to call or take him/her to the following doctor for emergency treatment:

Doctor: _____ Phone #: _____

If a doctor is not named, or if the named doctor cannot be reached, I hereby grant permission to any qualified physician or medical care center to provide emergency medical treatment for my child.

In the event that an injury or illness is so severe that immediate medical treatment is necessary, school officials will exercise good judgment by calling 911. The parent/guardian will be contacted as soon as possible.

PLEASE CONTACT THE SCHOOL NURSE OR THE MAIN OFFICE IF YOUR CHILD'S HEALTH STATUS CHANGES DURING THE SCHOOL YEAR.

If your child has health concerns, please complete this section. For the welfare of your student this information must be updated each school year or if there is a change during the school year.

Check any of the following that apply to your student:

_____ Asthma _____ Diabetes _____ Heart Disease
_____ Seizure Disorder _____ Bee Sting Allergy _____ None

_____ Other Allergy (identify): _____

_____ Other Special Condition(s):

The school needs to be aware of any special conditions that affect your student, such as hearing, vision, physical limitations, etc. For each condition, please describe as indicated below.

- State how the condition shows itself (what it looks like, time of year it may occur, cause)
- Explain if there is continuing concern, treatment, and/or medication

CONDITION: _____

How it shows itself: _____

Treatment and/or medication: _____

What steps you want the school to take: _____

CONDITION: _____

How it shows itself: _____

Treatment and/or medication: _____

What steps you want the school to take: _____

Parent/Guardian Signature: _____

Effective date: _____ (Only effective for the school year in which form is signed.)