



# Emergency Treatment Information

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Stepparent Spouse name (if applicable):  
\_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Stepparent Spouse name (if applicable):  
\_\_\_\_\_

### IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL:

Name	Relationship	Daytime Phone	Other Phone

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Serious Medical Problems: \_\_\_\_\_  
Student's Allergies: \_\_\_\_\_  
Student's Routine Medications: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Name of Medical Insurance Company \_\_\_\_\_  
I.D.# \_\_\_\_\_ Group# \_\_\_\_\_

**NOTHING will be administered without parental consent.**

Please check the medications/treatments you give the school nurse permission to administer/apply:

Tylenol    Motrin    Benadryl    Tums    Cough drops    Neosporin  
 Hydrocortisone 1% (anti-itch cream)    sunscreen    eye drops/saline rinse    Calamine lotion

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL EMERGENCY PROCEDURES**

In case of emergency and/or need of medical or hospital care:

1. The school will call the parents' cell phones, if there is no answer, then:
2. The school will call the other parental numbers given, if there is no answer, then:
3. The school will call the non-parent contacts listed and the physician if deemed necessary.
4. If none of the above answers, the school will call an ambulance to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents/guardian, or physician until one is reached.
7. The information on this form may be shared with emergency medical staff.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

The school has my permission to speak with my child's health care provider for the exchange of information about my child.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_