

## School First Aid and Emergency Medical Care Card

### Student information

Name \_\_\_\_\_ Address \_\_\_\_\_

ID number \_\_\_\_\_ Grade \_\_\_\_\_

Date of birth \_\_\_\_\_

### Medical/Physician information

Physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Known medical conditions/concerns: \_\_\_\_\_

Known allergies to medicines/drugs: \_\_\_\_\_

### Minor injury

I understand that in the case of minor injury\* school district personnel shall administer first aid and send my child back to class.

### Serious injury (but not threatening to life, limb or digit)

In the event my child is in pain or requires medical treatment beyond first aid for a serious, but not life/limb or digit threatening, injury\*, I understand the school district will attempt to contact me (or any of the persons I have listed below) so that I can obtain medical treatment for my child.

### Severe injury (threatening to life, limb or digit)

In the event my child suffers a severe injury or illness requiring immediate medical attention\*, I understand that school district personnel will call 911 to notify emergency health personnel. School personnel will then attempt to contact me (or any of the persons I have listed below) so that I may proceed to the hospital.

(\*as determined by appropriate school district personnel)

I hereby authorize, consent to, and agree to be responsible for any costs associated with, the transportation of my child, including ambulance service, and any medical tests, procedures and/or treatment performed on my child as deemed necessary by a medical health professional.

**Contact information**

Parent/guardian \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone No. \_\_\_\_\_

Other contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Relation to student \_\_\_\_\_

I understand that school district personnel cannot be held liable for any good faith effort to provide emergency care or assistance to my child.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

***Please keep a copy of this form for your records. Important: Please update your school immediately if any information changes.***