

School First Aid and Emergency Medical Care Card

Student Information

Student Name \_\_\_\_\_ Address \_\_\_\_\_ Town, ST Zip \_\_\_\_\_  
Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical/Physician Information

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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 \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
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 \_\_\_\_\_