

SCHOOL EMERGENCY CARE CARD

GRADE-K 1 2 3 4 5 6 7 8 9 10 11 12

Student \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Place of employment: Father \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Work Phone \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Membership Number \_\_\_\_\_

In the event that injury or illness needs immediate attention and one of the above persons cannot be contacted, I hereby authorize the school to arrange transportation to the nearest hospital, which may render emergency treatment. If the nearest hospital is unacceptable, please indicate alternate in space below. I will be responsible for charges incurred for my child's injury.

Comments regarding special health problems (allergies, drugs, diabetes, heart, etc.) \_\_\_\_\_

Illness or Injury:

Neighbors or relatives, living near the school, who will care for the child if the parent is unavailable:

Name:

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name:

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

The purpose of this card is to enable our office to have accurate and reliable information available in case of emergency. We will use the information on this card in the following situation:

(1) Civil Disaster (Tornado, etc.) (2) Injury or Illness (3) Truancy (4) School Discipline  
All hospitals operate under State Laws. Procedures for treating an injured child will be the same at all hospitals.

- (1) If parents are not available for immediate authorization, then the hospital will:
  - a. Accept the School Emergency Care Card with the parent's signature.
  - b. Accept the family doctor's permission providing he will take responsibility.
  - c. Accept verbal permission of the parents over the phone with two authorized hospital personnel in attendance listening to the verbal permission and signing as witnesses.
- (2) In such cases where none of the above authorizations are available, the hospital will proceed with emergency care for the child in the areas of: X-rays, bleeding, surgery, and without hesitation, using every available emergency measure for the "dying child."
- (3) Priority is given to those most urgently needing medical attention rather than in the order of registration. The degree of urgency is a medical judgment and is determined by the doctor on duty.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL TREATMENT RELEASE FORM**

To Whom it May Concern:

As a parent/guardian I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contacts, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)