

EMERGENCY TREATMENT INFORMATION FOR FIELD TRIPS – CAPE HENLOPEN SCHOOL DISTRICT

Student Name: _____ Birthdate: _____

Mailing Address: _____ Phone: _____

Father/Guardian: _____ Mother/Guardian: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Emergency Contact: _____ Home: _____ Cell: _____

Family Physician Name: _____ Phone: _____

Serious Medical Problems: _____

Allergies (food, med, environment- please list): _____

Medical Insurance: _____

(Type)

(Crt. No.)

(Group No.)

Medicaid No. (if applicable): _____

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures in caring for your child when he/she becomes sick or injured at school or on school related trips. In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's, or guardian's place of employment. If no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described above, I agree to assume all expenses for moving and medically treating this 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.

Parent/Guardian Signature: _____ Date: _____