Delmarva *Christian* High School EMERGENCY TREATMENT Form

Student's Name _____ Birth Date_____ Grade_____
First M.I. Last

Home Address_____
(Street)

City_____ State_____ Zip_____

Home Phone Number _____ Student's Cell Phone _____

*Serious Medical Problems _____

Allergies_____

PHYSICIAN_____ Phone_____ DENTIST_____ Phone_____

Mother/Guardian's Name_____ Cell Phone_____

Email Address _____

Place of Employment_____ Phone_____

Father/Guardian's Name_____ Cell Phone_____

Email Address _____

Place of Employment_____ Phone_____

*Medical Insurance _____

IF Parents/Guardians cannot be reached call:

1. _____ Phone_____ Authorized Pick-Up Y / N
Name Relationship
2. _____ Phone_____ Authorized Pick-Up Y / N
Name Relationship
3. _____ Phone_____ Authorized Pick-Up Y / N
Name Relationship

SCHOOL EMERGENCY PROCEDURES

* The following procedures are in place for caring for a sick/injured student at school.

In the case of a life-threatening emergency, 911 will be called first then attempts to reach parents. In case of other emergencies &/or need of medical or hospital care:

1. The school will call home. If there is no answer,
2. The school will call the parent/guardians place of employment, If there is 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 for transport to local medical facility.
5. Based on the medical judgment of the attending physician, the student may be admitted to the facility.
6. The school will continue to call parents/guardians until one is reached.

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 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_____