

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

**DELAWARE EMERGENCY TREATMENT CARD**

The purpose of this form is to provide the school with information to be used for the care of a student who becomes sick or injured at school. This information may be shared only on a "need to know" basis with school personnel and emergency medical staff.

Guardian One Information / Relationship: _____		Guardian Two Information / Relationship: _____	
Name: _____		Name: _____	
Date of Birth: _____		Date of Birth: _____	
Home Phone: _____		Home Phone: _____	
Mobile Phone: _____		Mobile Phone: _____	
E-Mail Address: _____		E-Mail Address: _____	
Home Address: _____		Home Address: _____	
Place of Employment: _____		Place of Employment: _____	
Work Phone: _____		Work Phone: _____	

Day Care Name: _____		Day Care Phone: _____	
Sibling Name: _____		School Attending: _____	
Sibling Name: _____		School Attending: _____	
Family Physician: _____		Phone: _____	
Family Dentist: _____		Phone: _____	

**IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL:**

	Name	Relationship	Home Phone	Mobile Phone	Work Phone
1					
2					
3					

Student's serious medical problems & routine medications (Please notify the school nurse)	Student's allergies (Names of Food, Medicine, or Other – BE SPECIFIC) (Please notify the school nurse)

Medical Insurance: \_\_\_\_\_ -OR- \_\_\_\_\_  
MEDICAID NO.                      INS. COMPANY                      INS. ID NUMBER                      GROUP or ACCOUNT

**I give permission for my child to have the following medication(s), as determined by the nurse:**

<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Acetaminophen</b> ( <i>Tylenol or a generic brand</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ibuprofen</b> ( <i>Advil or a generic brand</i> )
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Antihistamine</b> ( <i>Benadryl or a generic brand</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Antacid</b> ( <i>Tums or a generic brand</i> )

**SCHOOL EMERGENCY PROCEDURES**

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school may call an ambulance prior to contacting the parents in order to seek immediate medical care.

In case of emergency and/or need of medical or hospital care the school will call EMS (911) for transport to the nearest medical facility.

1. The school will contact the parents utilizing all numbers available listed on the emergency card.
2. The school will call the other telephone number(s) listed.
3. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
4. 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, 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 \_\_\_\_\_