

Emergency Care Consent Form Guidelines (2 sided)

It is important that all information is filled in.

The purpose of this form:

- 1.) In the event that your child needs to be transported to the hospital for emergency medical treatment, a copy of this form is provided to the paramedics. They in turn give this form to the hospital staff. Proper treatment can then be administered based on your child's current medical information. This information is updated by the nursing staff throughout the school year. Please notify us of any changes in information throughout the year.
- 2.) If your child becomes sick while attending school, it will be necessary for him/her to return home. It is your responsibility to provide the transportation home. The nursing staff will contact the parent/caregiver/guardian first. If no contact is made, the emergency contact person is then called.

The emergency contact person (Please list two if possible):

- Must be able to transport or arrange for transportation of your child from CHC to home if he/she is sick and you are not available.
- Must be able to care for your child if he/she is sick and must return home with them if you are not available.

Please notify the individual who you list on this form so that they are aware of their responsibilities.

The Emergency Care Consent Form MUST BE RETURNED TO CHC ASAP

This release form is essential for our child's health records at school so that he/she may receive proper medical treatment in a timely manner should an emergency situation occur at school.

Thank you for your time and effort in completing this form. If you have any difficulty in completing this form, please feel free to contact your child's classroom nurse for assistance by calling 204-0355.

YOUR PROMPT ATTENTION TO THIS FORM IS GREATLY APPRECIATED!