

MEDICAL EMERGENCY PROTOCOL

Student: _____ DOB: _____

You have indicated that your child has a chronic condition that may require intervention during school.

Health Care Provider: _____ Diagnosis: _____

NOTIFICATION PROTOCOL

In the event of:	Greater Than	Less Than
• Heart Rate	_____	_____
• Respiratory Rate	_____	_____
• Temperature	_____	_____
• Blood Pressure	_____	_____
• O2 Saturation Parameters	_____	
• Other:	_____	

Notify: _____ at: _____
(Health Care Provider) (Phone)

If unavailable, contact: _____ at: _____
(Health Care Provider) (Phone)

EMERGENCY PROTOCOL

- What constitutes an emergency for this child?
- Who is to be notified? (Include name and phone)
- What interventions are to be performed at school?
- When should transport to emergency facility occur?

Parent/Guardian Signature

_____/_____
Health Care Provider's Signature Date