

**JGFG Student Accidents**

**JGFG**

When a staff member sees a student who has been involved in an accident at school, on school property or at a school-sponsored event, the staff member shall follow the rules for the care of an injured student and report the accident to the building principal. If a student has an accident which appears to require medical treatment, no action shall be taken by an employee except to send for medical help and to make the student as comfortable as possible while waiting for medical assistance to arrive. If an employee is qualified to administer first aid, that aid may be given. Qualified employees, for the purpose of this policy, are those employees who have successfully completed an approved Red Cross first aid program or the school nurse.

Appropriate records shall be kept in case a student accident occurs.

Approved: January 26, 2004

**JGFG-R Student Accidents**

**JGFG-R**

When appropriate, the student's parent(s) shall be notified of the injury as soon as possible to determine appropriate action. If the student needs medical attention and the parents cannot be reached, the principal shall seek emergency medical treatment.

**Records**

Appropriate records documenting student accidents shall be kept on file in the principal's office.

Approved: January 26, 2004

**SAMPLE STUDENT INFORMATION FORM**

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

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Name(s) and phone number(s) of some other person(s) to be called in the event of an accident if the parent(s) cannot be contacted:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name and office phone number of family physician: \_\_\_\_\_

\_\_\_\_\_

Physical conditions staff members should be alerted to:

\_\_\_\_\_

\_\_\_\_\_

**SAMPLE CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I, the undersigned, being the natural parent (or legal guardian) of \_\_\_\_\_, a minor, do hereby consent to the securing of emergency medical treatment, including the necessary transportation to receive such treatment, for said \_\_\_\_\_ by \_\_\_\_\_, the superintendent of schools USD \_\_\_\_\_, \_\_\_\_\_ County, or designee.

Dated this \_\_\_\_ day of \_\_\_\_\_, 19\_\_, and valid for the remainder of 19\_\_-\_\_ school year or until specifically revoked.

\_\_\_\_\_

Parent

\_\_\_\_\_

Witnessed By:

\_\_\_\_\_