



MEDICAL EMERGENCY PROCEDURE

_____	_____	_____	_____
Student Name	Date of Birth	ID Number	School
_____	_____	_____	_____
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	
Health Care Provider	Health Care Provider Phone		

Health Condition: _____

EMERGENCY PLANS TO FOLLOW

1. Call parent/guardian if _____

2. Call 911 if _____

Additional Instructions _____

Medical Office Stamp

Parent/Guardian Signature

Date

Health Care Provider Signature Date