

**2023/2024 INDIAN RIVER SCHOOL DISTRICT- DELAWARE EMERGENCY TREATMENT CARD**

**GRADE:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name:		Name:	
Relationship:		Relationship:	
Date of Birth:		Date of Birth:	
Driver's License ID		Driver's License ID	
Home Street Address		Home Street Address	
City, State, Zip		City, State, Zip	
Alert Now Number:		Alert Now Number:	
Home/Cell Number:		Home/Cell Number:	
Place of Employment:		Place of Employment:	
Work Phone #	Ext.	Work Phone #	Ext.
E-Mail Address:		E-Mail Address:	
Custody Situation: (Must have custody papers)			
<b>*****PLEASE NOTIFY THE SCHOOL IF YOUR PHONE NUMBER OR CONTACT INFORMATION CHANGES DURING THE YEAR*****</b>			

Name/School of other children living in household: \_\_\_\_\_

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

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

NAME	RELATIONSHIP TO STUDENT	PHONE	CELL PHONE
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2. \_\_\_\_\_

NAME	RELATIONSHIP TO STUDENT	PHONE	CELL PHONE
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**MEDICAL INSURANCE:** ( ) Yes ( ) No Type: \_\_\_\_\_ **MEDICAID** ( ) Yes ( ) No Type: \_\_\_\_\_  
 Number: \_\_\_\_\_ Number: \_\_\_\_\_

**School Nurses can give non-prescription and prescription medications with written parental/guardian permission. See the below process:**

- The school nurse must assess the child's complaint and symptoms to determine if other measures can be used before medication.
- All medications must be brought to school by parent or adult designee. Medications cannot be sent to school on the bus and must be in the original container/package (DE Law). They may not be kept with the student during school hours, with the exception of an annual/completed "permission to carry form".
- The school nurse will keep a record of the medication given to your child.

**Please check yes or no below for the medications your child is allowed to have during school hours.**

( ) YES ( ) NO Acetaminophen/Tylenol (pain/fever)      ( ) YES ( ) NO Ibuprofen/Motrin/Advil (pain/fever)  
 ( ) YES ( ) NO Antacid (stomach upset)                      ( ) YES ( ) NO **cough drops**/chloraseptic spray (Sore throat relief)  
 ( ) YES ( ) NO Anbesol/Orajel (mouth pain)                      List allergies to any medications: \_\_\_\_\_

**\*\*NOTE:** Nurses use antiseptic wash, antibiotic ointment, anti-itch cream/lotion, hydrocortisone cream & eye wash for routine first aid care.  
 If you do not want these treatments used on your child, please make the nurse aware.

**SCHOOL EMERGENCY PROCEDURES**

Your schools have adopted the following procedures in caring for a student when he/she becomes sick or injured at school:  
 In case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergencies and/or need of medical or hospital care:

- The school will call the home. If there is no answer,
- The school will call the father's, mother's or guardian's place of employment. If there is no answer,
- The school will call the other telephone number(s) listed and the physician.
- If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
- Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
- 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. **HOSPITAL PREFERENCE:** \_\_\_\_\_

I have read and understand the information on **BOTH SIDES** of this form and I understand that this information will be shared with staff and administration on a need to know basis unless you notify us otherwise.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

