



BRANDYWINE SCHOOL DISTRICT

1311 BRANDYWINE BOULEVARD
WILMINGTON, DE 19809-2306

(302)793-5000
www.brandywineschools.org

Summer Camps Emergency Form – 2026

2026 District: _____ Camp Name: _____

Student Name: _____

Date of Birth: _____ Grade: _____ Student ID#: _____

DELAWARE EMERGENCY TREATMENT CARD

The purpose of this form is to provide the school with information for the care of a student who becomes sick or injured at school. This information may be shared only on a "need-to-know" basis with school personnel and emergency medical staff.

Guardian One Relationship: _____	Guardian Two Relationship: _____
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email Address: _____	Email Address: _____
Home Address: _____	Home Address: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____

Day Care Name: _____	Day Care Phone: _____
Sibling Name: _____	School Attending: _____
Sibling Name: _____	School Attending: _____
Family Physician: _____	Family Dentist: _____
Physician Phone: _____	Dentist Phone: _____

IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL:

	NAME	RELATIONSHIP	HOME PHONE	MOBILE PHONE	WORK PHONE
1					
2					
3					

Student's serious medical problems & routine medications (Please notify the school nurse)	Student's allergies (Names of Food, Medicine, or Other – BE SPECIFIC (Please notify the school nurse)

Medical Insurance: _____ -OR- _____
 MEDICAID NUMBER INS. COMPANY INS. ID NUMBER GROUP or ACCOUNT

I give permission for my child to have the following medication(s), as determined by the nurse:

Yes	No Acetaminophen (Tylenol or a generic brand)	Yes	No Ibuprofen (Advil or a generic brand)
Yes	No Antihistamine (Benadryl or a generic brand)	Yes	No Antacid (Tums or a generic brand)

(TURN OVER)



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SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies, the school may call an ambulance prior to contacting the parents in order to seek immediate medical care. In case of emergency and/or need of medical or hospital care the school will call EMS (911) for transport to the nearest medical facility.

1. The school will contact the parents utilizing all numbers available listed on the emergency card.
2. The school will call the other telephone number(s) listed.
3. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
4. 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.

Parent/Guardian Signature: _____

Date: _____