

SANDRIDGE ELEMENTARY SCHOOL



School Year

2026-2027

EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION PROCEDURES ACKNOWLEDGMENT

Student Information

Student Name: _____ Date of Birth: ____/____/____ Grade:

Parent/Guardian Name: _____ Primary Phone: (____)_____-

Insurance Information

Medical Insurance Carrier:

Policy Number: _____

Group Number:

Policy Holder Name: _____ Relationship to Student:

Insurance Company Phone Number: (____)_____- _____

☐ My child is currently covered by medical insurance ☐ My child is not currently covered by medical insurance

Preferred Hospital (Optional):

Emergency Medical Treatment and Transportation Procedures

Sandridge Elementary School reserves the right to activate Emergency Medical Services (EMS/911) whenever school nursing staff, administration, or authorized personnel determine that emergency medical evaluation, treatment, or transportation is necessary to protect the health and safety of a student. Prior parental notification or permission is not required when immediate medical intervention is warranted.

EMS Activation Guidelines

- Loss of consciousness or unresponsiveness
- Difficulty breathing or respiratory distress
- Severe allergic reaction or anaphylaxis
- Seizure activity or seizure-related emergency
- Significant head injury with concerning symptoms
- Suspected neck, back, or spinal injury
- Suspected fracture or dislocation
- Severe uncontrolled bleeding
- Chest pain or cardiac-related symptoms
- Altered mental status, confusion, or sudden behavioral changes
- Severe illness or high fever with concerning symptoms
- Any condition that, in the judgment of school personnel, requires emergency medical evaluation or transport

School Staff Accompaniment

If EMS transportation is required, a member of the Sandridge nursing staff or school administration will accompany the student during transport and remain with the student until a parent, guardian, or authorized adult arrives.

Financial Responsibility

Parents/guardians accept full responsibility for all ambulance, EMS, physician, hospital, diagnostic, treatment, and related medical expenses. Sandridge Elementary School, School District 172, and its employees shall not be liable for any costs associated with emergency medical treatment or transportation.

Parent/Guardian Acknowledgment

I acknowledge that I have read and understand the Emergency Medical Treatment and Transportation Procedures. I understand that EMS may be activated without prior notification when school personnel determine emergency care is necessary. I understand that a Sandridge staff member will accompany my child during EMS transport. I accept financial responsibility for all associated medical costs and release Sandridge Elementary School and School District 172 from liability for good-faith emergency medical decisions and transportation arrangements made to protect my child.

Parent/Guardian Name (Printed):

Parent/Guardian Signature:

Date: ____/____/____

School Use Only

Date Received: _____ Received By: _____