

iCare Password: _____

THE LITTLE SCHOOL AT KIDS COTTAGE

Emergency Treatment Card

Child's Name: _____ Birth Date: _____

Teacher: _____

Home Address: _____
Street/PO *City* *Zip*

Home Phone: _____

Mother/ Guardian's Name: _____ Cell Phone: _____

Mother/ Guardian's Place of Employment: _____ Work Phone: _____

Mother/ Guardian's Email: _____

Father/ Guardian's Name: _____ Cell Phone: _____

Father/ Guardian's Place of Employment: _____ Work Phone: _____

Father/ Guardian's Email: _____

Family Physician: _____ Phone: _____ Family Dentist: _____

Indicate Student's Serious Medical Problems: _____

Student is allergic to: _____

Medical Insurance: _____

Name and phone number(s) of the adults authorized to pick up and transport child(ren) (i.e., babysitters, grandparents, childcare provider, friends, etc.):

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Emergency Contact: In the event of an emergency, and the Parents/Guardians listed above cannot be reached, the following individual(s) should be contacted and have authority to transport the child(ren) if necessary:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

School Emergency Procedures

Your school has adopted the following procedures in caring for a student when he/she becomes sick or injured at school. In case of an emergency and/or need of medical or hospital care:

1. The school will call all numbers listed on the front of this emergency card for the father, mother, and/or guardian. If there is no answer:
2. The school will call the other telephone number(s) listed on the emergency card and the listed physician.
3. If necessary, the school will call an ambulance to transport the student to a local medical facility.
4. Based upon the medical judgement of the attending physician, the student may be admitted to a local medical facility.
5. The school will continue to call the parents, guardians, and 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 judgement of the attending physician.

Parent/Guardian Signature: _____ Date: _____