

**SUMMER LEARNING
EMERGENCY MEDICAL FORM**



Please submit this completed and signed form to your summer school main office on the first day of classes.

Student's Name: _____

Course: _____

Summer School Site: _____

SECTION 1

Does your child have a serious medical condition that may require emergency care at school?

NO - You do not need to complete Section 2 or 3. Please sign and return.

Name of Parent/Legal Guardian

Signature

YES - Please complete Sections 2 and 3 and return.

SECTION 2

Parent(s)/Legal Guardian(s): _____

Home: _____

Mother's Work and/or Cell: _____

Father's Work and/or Cell: _____

Other Emergency Contact Name: _____

Phone: _____

CareCard #: _____

Date of Birth: _____

Physician Name: _____

Phone: _____

...continued on reverse

Page 2 / Student's Name: _____

What is the medical condition that may require emergency care at school?:

Describe the potential problem (include symptoms that might be observed):

SECTION 3

Describe the necessary action or intervention to appropriately treat this medical condition:

Step 1:

Step 2:

Step 3:

Step 4:

Step 5:

Is medication needed? (circle one) YES NO

If yes, what medication?:

Parents or legal guardian must complete a REQUEST FOR ADMINISTRATION OF MEDICATION FORM which is available from your school principal. Parents/Guardians need to assure that this medication does not go past its expiry date. It is the obligation of the parents/guardians to keep a current supply of any required medication at the school.

Signature of Parent/Legal Guardian

Date