

Gateway Lab School Staff Emergency Treatment Data Card

Staff Name _____ Date of Birth _____

Home Address _____

Home Phone # _____ Cell # _____

Resides with _____ Relationship _____ Phone # _____

Emergency Contact Names and Numbers

1. Name _____ Relationship _____ Phone number _____
2. Name _____ Relationship _____ Phone number _____
3. Name _____ Relationship _____ Phone number _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Eye Doctor _____ Phone # _____

Hospital Preference _____ Name of Medical Insurance _____

Policy ID # _____ Group ID # _____

(Information shared only on a need to know basis with school personnel and emergency medical staff)

School Emergency Procedures

Gateway Lab School will take the following course of action in caring for you if you become sick/injured at school: In the case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergency which is not life-threatening Gateway Lab School will follow the following procedure:

1. The school will contact the staff's guardians at home or on cell phones. If no answer...
2. The school will call guardian's work places. If no answer...
3. The school will call the other phone numbers listed and the physician. If no answer...
4. The school will call an ambulance, if needed, to transport you to a local medical facility.
5. Based upon the medical judgment of the attending physician, you may be admitted to a local medical facility.
6. The school will continue to call your contacts and/or physician until one is reached.

If I am unconscious and the school authorities have followed the procedures described, I agree to assume all expenses for moving me and for medical treatment. 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.

Staff Member Signature _____ date _____