

Gateway Lab School Student Emergency Treatment Data Card

Development _____ Bus # _____

Student's name _____ Date of Birth _____ Grade _____ Teacher _____

Home Address _____

Resides with _____ Relationship _____

Mother/guardian's name _____ Father/guardian's name _____

Mother's Employment _____ Father's Employment _____

Work # (Mother) _____ Work # (Father) _____

Cell phone (Mother) _____ Cell phone (Father) _____

Email (mother) _____ email (father) _____

If parents/guardian's cannot be reached, call:

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

Family Physician _____ Phone # _____

Family Dentist _____ 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 your child when he/she becomes 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 student'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 the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the guardian's 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 _____