Pleasanton Unified School District

Pupil Services

MEDICAL EMERGENCY PROCEDURE

Student Name	Date of Birth	ID Number	School
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
Health Care Provider	Health Care Provider Phone		

Health Condition: _____

_____

_____

EMERGENCY PLANS TO FOLLOW

1. Call parent/guardian if _____

   _____

   _____

2. Call 911 if _____

   _____

   _____

Additional Instructions _____

_____

_____

_____

Medical Office Stamp

_____
Parent/Guardian Signature

_____
Date

_____ _____
Health Care Provider Signature Date

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