

MEDICAL EMERGENCY PROTOCOL

Student: _____ DOB: _____

Health Care Provider: _____ DATE: _____

NOTIFICATION PROTOCOL

In the event of: Greater Than Less Than

Heart Rate _____ _____

Respiratory Rate _____ _____

Temperature _____ _____

Blood Pressure _____ _____

Other _____ _____

Notify: _____ at _____
(Health Care Provider) (Phone)

If unavailable, contact: _____ at _____
(Health Care Provider) (Phone)

EMERGENCY PROTOCOL

What constitutes an emergency for this child?

Who is to be notified? (Include name and phone number)

What interventions are to be performed at school?

When should transport to emergency facility occur?

TRANSPORTATION PLAN

Transport to local hospital nearest school: _____ Yes _____ No

If No, indicate hospital of choice: _____

SPECIAL CONSIDERATIONS:

Parent/Guardian/Surrogate's Signature

Health Care Provider Signature

Date

Date