

**Shady Oak Primary School  
Emergency Procedure Card**

**Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Last Name First Name

**Address** \_\_\_\_\_  
House Number & Street City Zipcode Subdivision

**Mother** \_\_\_\_\_ **Phone No** \_\_\_\_\_

**Father** \_\_\_\_\_ **Phone No** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Phone No** \_\_\_\_\_

**Physician Address** \_\_\_\_\_

**Persons my child can be released to and/or can be called in an Emergency (List in order)**

Name	Relationship	Phone #1	Phone #2
1st	Mother/Father/Other		
2nd	Mother/Father/Other		
3rd	Mother/Father/Other		

In case my child needs to be picked up from school because of illness or injury, he/she may be released to the adults listed above. In the event of an emergency, your child may be taken by ambulance to the most appropriate emergency facility. An immediate attempt will be made to inform you, the alternate person listed or the doctor listed. A school administrator will stay with your child until you or an alternate person assumes responsibility.

**Medical Information:** Pertinent information may be shared with appropriate personnel.

Allergies to \_\_\_\_\_

Treatment \_\_\_\_\_ Asthma \_\_\_\_\_ Occurs when? \_\_\_\_\_

Severe Reaction to Insect Stings? \_\_\_\_\_ Describe Reaction \_\_\_\_\_

Treatment \_\_\_\_\_ Diabetes? \_\_\_\_\_ ADD/ADHD? \_\_\_\_\_

Migraines? \_\_\_\_\_ Other Medical issues \_\_\_\_\_

**Current Medication**

Name of Drug	Dosage	Time Given	Purpose

I hereby grant permission for my child, \_\_\_\_\_, to participate in all activities, including field trips. I understand that I will be informed of the of the specific time, date & location of each excursion. I here by agree that in case of illness or accident requiring a physician's attention that my child may be transported to the closest emergency facility. I give permission for a doctor designated by the program to administer treatment at my expense. I understand and accept the policies above and release the school from liability for injury or illness resulting under any circumstances except gross negligence.

\_\_\_\_\_  
 Parent Signature Signed & acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Notary Seal