

EMERGENCY RESPONSE FORM

Child's Name: _____

Parents' Names _____

Phone Numbers: Mother's Cell: _____

Father's Cell: _____

Any Chronic Health Issues/Allergies: _____

Possible Symptoms: _____

Child's Doctor: _____ Phone Number: _____

Emergency Response: Step-by-step...what do you want us to do? Who do we call first?

Emergency contacts other than parents:

1. Contact Name: _____ Relationship: _____

Contact Phone Number: _____

2. Contact Name: _____ Relationship: _____

Contact Phone Number: _____

List the step-by-step preferences if an emergency arises, in the order you want them to occur:

1. _____

2. _____

3. _____

4. _____

5. _____

Anything else we should know? _____

If the parent/legal guardian is unable to be reached in an emergency, the school has our permission to obtain medical attention for our child, _____ (child's full name) from _____ (physician's name), or CaroMont Regional Medical Center Emergency Room. If emergency room treatment is deemed necessary, the child will be transported by GEMS - Gaston Emergency Medical Services.

Name of Primary Insurance Provider: _____

Policy #: _____

Insurance Card scanned, and a copy attached: Yes No

Parent's Signature: _____

Doctor's Signature (if needed to validate special medical treatment): _____