

**The Tatnall School
Student Emergency Information
2010-2011**

Grade: _____

Birth Date: _____

Sex: M _____ F _____

Mother/Guardian's Name: _____
Mother's Place of Employment: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-mail: _____

Father/Guardian's Name: _____
Father's Place of Employment: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-mail: _____

If parents/guardians cannot be reached, call:

1. _____

Phone: _____

2. _____

Phone: _____

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

Hospital Preference: _____

Medical Insurance Provider: _____
I.D. number _____ Group number _____

Other Insurance/Medicaid _____
I.D. number _____ Group number _____

Please list any serious health problem(s); Examples: bee sting reactions, asthma, food allergies, etc.: _____

Please list any medications your child is allergic to: _____

Please list any long-term medications your child receives: _____

Is there anything else Tatnall should know about the current or past medical condition of this student, and if so, what? _____

I would like the following medications made available for my child. I understand that the School Nurse or the Athletic Trainer will administer them: Acetaminophen Ibuprofen Benadryl Cough Drops

Emergency Procedures

The following procedures have been adopted for caring for your child when he or she becomes sick or is injured at school.

1. The school will call the parents. Please provide the preferred phone number(s) and the order in which they are to be called. 1. _____

2. _____

3. _____

4. _____

2. If the parents cannot be reached, the school will call the emergency contact numbers and the physician.

3. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.

4. Based upon the medical judgement of the attending physician, the child may be admitted to a local medical facility.

5. The school will continue to call the parents, guardians or physicians until they are reached.

Please read and sign: 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 judgement of the attending physician.

I give permission for all health information in the possession of The Tatnall School relating to my child or ward to be shared with the appropriate faculty and/or staff and with any healthcare provider who is attending to my child or ward.

Parent's/Guardian signature

Date