

## Emergency Procedure Sheet

Date: \_\_\_\_\_

Student's Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

List Allergies/Major Health Problems/ Health Instructions \_\_\_\_\_

---

---

Number below in order of desired action in case of emergency, illness or accident to the student or students named above, the school is authorized to proceed as indicated.

\_\_\_\_ Contact Mother: Phone \_\_\_\_\_

\_\_\_\_ Contact Father : Phone \_\_\_\_\_

\_\_\_\_ Contact Guardian/Relative/Family Friend: Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Contact Family Physician: DR. \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Take child to Emergency Room \_\_\_\_\_

\_\_\_\_ Other desired procedures \_\_\_\_\_

---

**In the event of an unplanned early school closing and we cannot possibly contact every parent in the school, please check below what plan you will be using without being called.**

\_\_\_\_ Child is to take bus home

\_\_\_\_ Child is to take bus to an alternative location. Where and what bus? \_\_\_\_\_

---

\_\_\_\_ Child will be picked up from school. By whom? \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_