



**DELAWARE EMERGENCY TREATMENT CARD
STUDENT INFORMATION**

(LAST NAME) (FIRST NAME) (MI) (BIRTH DATE)

Street Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ Homeroom #: _____ Teacher: _____ Male: _____ Female: _____

Before/After School Care Provider: _____ Phone: _____

CHILD RESIDES WITH: _____ RELATIONSHIP: _____

Mother/Guardian Information	Father/Guardian Information
Name : _____	Name : _____
Home Phone: _____ Mother's Date of Birth: _____	Home Phone: _____ Father's Date of Birth: _____
Home Address: _____	Home Address: _____
Place of Employment: _____	Place of Employment: _____
Business Phone: _____ Ext: _____	Business Phone: _____ Ext: _____
Cell Phone: _____ Other: _____	Cell Phone: _____ Other: _____
Email: _____	Email: _____
Step-Father/Spouse Information	Step-Mother/Spouse Information
Name : _____	Name : _____
Business Phone: _____ Ext: _____	Business Phone: _____ Ext: _____
Cell Phone: _____ Other: _____	Cell Phone: _____ Other: _____

IF PARENTS/GUARDIANS CANNOT BE REACHED, LIST TWO CONTACTS IN THE LOCAL AREA TO CALL:

1. _____
(Name) (Relation to Student) (Home Phone) (Cell Phone) (Work Phone)

2. _____
(Name) (Relation to Student) (Home Phone) (Cell Phone) (Work Phone)

Does your child have allergies to? (Please Circle)

Bee Sting/Insect Bites **YES NO** Type: _____ Reaction: _____ Treatment: _____
 Food **YES NO** Type: _____ Reaction: _____ Treatment: _____
 Medication **YES NO** Type: _____ Reaction: _____ Treatment: _____
 Other **YES NO** Type: _____ Reaction: _____ Treatment: _____

If you have marked "yes" to any of the above, please specify in the comments on side two.

I give permission for my child to be given Benadryl for bee sting/food/medication/latex/insect bite allergy: YES _____ NO _____
 I give permission for my child to be given acetaminophen (Tylenol) as determined by the nurse: YES _____ NO _____
 I give permission for my child to be given Ibuprofen (Advil/Motrin) as determined by the nurse: YES _____ NO _____
 I give permission for my child to be given TUMS as determined by the nurse: YES _____ NO _____
 I give permission for my child to be given Cough Drops as determined by the nurse: YES _____ NO _____
 I give permission for my child to be transport by school staff if necessary: YES _____ NO _____

The School Nurse is authorized to decline to administer any medication.

SEE SIDE TWO →

STUDENT HEALTH HISTORY UPDATE

Student: _____ DOB: _____ Grade: _____

**PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING.
GIVE DATES AND ADDITIONAL INFORMATION UNDER "COMMENTS."**

- | | | | |
|--------------------------------------|---|-------------------------------------|--|
| 1. <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Emotion | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone Problem | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |

Other/ Special Dietary Requests: _____

Comments: _____

2. Has your child had any illness or surgery since school ended in June? NO YES
if yes, list type of illness with date(s) _____
3. Has your child received any immunizations since school ended in June? NO YES
If yes, list immunizations with date(s) _____
4. Is your child being treated or evaluated for any health conditions? NO YES
If yes, list type of condition _____
5. Is your child on any medication or treatment? NO YES
If yes, list the medication and/or treatment _____
6. Has your child ever been examined by an eye doctor? NO YES
If yes, list date of last exam _____ Were glasses prescribed? NO YES
7. Has your child had any recent emotional upsets (move, death, separation)? NO YES
If yes, list type _____
8. Name of your child's dentist? _____ Phone: _____ Date of last exam? _____
9. Name of your child's doctor? _____ Phone: _____ Date of last exam? _____
10. Name of Medical Insurance: _____ Policy Number: _____
11. Is this your child's first experience in a Delaware Public School? NO YES Previous School: _____

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.

In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father', mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

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 procedure, or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

I verify that all of the above information is correct.

**I understand that the above information will be shared with staff and administration on a need to know basis,
and with emergency medical staff in the case of emergency, unless I notify you otherwise.**

Parent/Guardian Signature: _____ Date: _____

**Please return to your child's teacher by:
Tuesday, September 12, 2017**