

EMERGENCY PROCEDURE CARD

North Clackamas School District

Student I.D. _____

TYPE OR USE BLUE OR BLACK INK - PRESS FIRMLY

Grade _____

Student's Name _____ (_____)
Last Name First Name Middle Name Used

Address _____ Birthdate _____
St. No. and Name Month Day Year

_____ Home Phone _____
City State Zip Code

Guardian with Whom Living _____ Mother Father Other

Name the language most often spoken at home: _____

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY TO THE STUDENT NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW. NUMBER EACH ITEM 1,2,3, ETC. IN ORDER OF DESIRED ACTION

() Contact Father: _____ Business Phone _____
Last Name First Name

() Contact Mother: _____ Business Phone _____
Last Name First Name

() Contact Other Responsible Adult: _____ Phone _____
Last Name First Name

() Contact Family Physician: _____ Phone _____
Last Name First Name

() Take student to this hospital: _____ () or nearest emergency hospital

Tetanus Immunization date: _____ Allergy Information (food, drugs, insects) _____

Does student currently have (check all that apply): asthma diabetes seizure disorder severe allergy to _____

Other condition which may affect learning or safety: _____ Current Medication: _____

NOTE INJURIES, RECENT SURGERY, PROLONGED ILLNESS, CORRECTIVE LENSES OR SPECIAL HEALTH PROBLEMS that would help emergency personnel care for your student or require special attention by the school:

Name of Medical Insurance Company _____ Group or ID Number _____ School Insurance _____

NOTE: I UNDERSTAND THAT THE SCHOOL AUTHORITIES WILL USE THEIR JUDGMENT IN DETERMINING EMERGENCY CARE AND PROCEDURES. I ALSO UNDERSTAND THAT THE DISTRICT ASSUMES NO FINANCIAL OBLIGATION FOR EXPENSES INCURRED IN CARRYING OUT EMERGENCY PROCEDURES AND/OR EMERGENCY TRANSPORTATION.