Fairhaven School

EMERGENCY TREATMENT FORM

Information on this sheet is regarded as CONFIDENTIAL. Please complete both sides.

Full name of student: _____

Date of birth: _____

Full name of mother or legal guardian: _____

Work phone: _____ Cell phones: _____

Full name of father or legal guardian: _____

Work phone: _____ Cell phones: _____

Full name of other parent or legal guardian: _____

Work phone: _____ Cell phones: _____

Allergies or chronic medical problems: _____

_____

Bee sting allergy? _____ Asthma?_____ Food allergies?_____

Related medication/instructions: _____

Pertinent hospitalization history: _____

_____

Is student taking any regular medications we should be aware of? Yes_____ No_____

Describe purpose: _____

Name of student's Physician: _____

Phone: _____

Insurance: _____ Policy # _____

Please also complete other side.

If parents cannot be reached for an emergency, please notify:

Name: _____ Work phone: _____

Cell phone: _____ Relationship: _____

Name: _____ Work phone: _____

Cell phone: _____ Relationship: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the school to have your child transported to that hospital.

_____ _____

Parent/Guardian signature *Date*

Medical Consent Form

We, the undersigned, understand that Fairhaven School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the School will: (1) attempt to contact the parents or legal guardians of the student; and (2) if, in the School's reasonable judgment, the student's condition warrants it, transport the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment

for (student)_____
by a licensed physician, nurse, EMT, or hospital staff member.

_____

Student

_____ _____

Parent/Guardian *Date*

7/11