

EHSMU EMERGENCY PROCEDURE CARD

EHSMU Member Name: _____

Phone #: _____

Address: _____

Date of Birth: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

In case of emergency, illness, or accident to the child named above, the EHSMU is authorized to proceed as indicated below:

NOTE: NUMBER EACH ITEM 1, 2, 3, ETC. IN THE ORDER OF DESIRED ACTION:

- () Contact Mother/Guardian at: _____
Address Phone
- () Contact Father/Guardian at: _____
Address Phone
- () Contact Family Physician: _____
Name Phone
- () Take child to Emergency Hospital _____
- () Take child to Licensed Physician _____
- () Other Desired Procedures _____

Signature of Parent/Guardian: _____ Date: _____

****** PERSON TO CONTACT IF NEITHER PARENT NOR GUARDIAN CAN BE REACHED ******

Name: _____ Phone # _____ Relationship: _____

Family Dentist: _____
Name Phone

Health Insurance and Policy # _____

List any allergies or other medical conditions that should be noted:

Allergies: _____

Other medical conditions: _____

DATE OF LAST TETANUS SHOT: _____

In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, to secure proper treatment for, and to order injections, anesthesia or surgery for my child. I agree to hold the EHSMU/school district financially and legally harmless for any action taken pursuant to this authorization.

Signature: _____ Date: _____

***** PLEASE SEE REVERSE SIDE FOR MORE IMPORTANT INFORMATION *****

