



LETHBRIDGE SCHOOL DISTRICT NO. 51

Revised February 2015

504.1.3 - Medical Emergency Procedures

Student Information:

Student Name: _____
School: _____
Classroom Teacher: _____

Date of Birth: _____
Grade/Class: _____
ASN: _____

Medical Diagnosis or Condition:

Description/Explanation:

Family Contact Information:

Parent/Guardian: _____	Phone #: _____	Home: _____	Work: _____	Cell: _____
Parent/Guardian: _____	Phone #: _____	Home: _____	Work: _____	Cell: _____

If above are not available contact:

Contact Name: _____ Phone #: _____
Home: _____ Work: _____ Cell: _____

Hospital/Clinic Contact Information:

Name: _____ Phone: _____
Family Physician: _____ Phone: _____

Emergency Procedures:

Reaction Symptoms/Signs:

Procedure:

Critical Response:

Reaction Symptoms/Signs:

Procedure:

Additional Information:

Date Completed: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____