

(School District/ISD)

TRANSPORTATION FOR STUDENT EMERGENCIES

- A. When a student becomes ill or injured at school, it may be necessary for the student to be taken home, to a doctor, or to a hospital. This responsibility should be assumed by the parent, except in an emergency when it is apparent that an ambulance or emergency medical service should be called immediately.
- B. The final responsibility for the safe transportation of a sick or injured student from school to home, hospital, or to emergency medical care rests with the Supervisor/Director.
- C. No seriously sick or injured student should be allowed to go home unless there is a responsible adult (see student's Emergency Medical Authorization Permit Form (page 3) to provide for his/her care. The student will remain in school when all measures available to locate a responsible adult have failed. When school is dismissed and no adult is available, contact the appropriate local law enforcement agency.
- D. Ambulance and emergency medical service cost is the parent's responsibility but should never be a deterrent in providing this emergency service.

Emergency Situations

For critically injured or ill students who may warrant an ambulance or emergency medical service, the following procedures should be taken:

- A. Determine how severe the emergency is.
- B. Call ambulance or emergency medical service.
- C. Administer necessary first aid, if trained or if prudence requires.
- D. Contact the supervisor/Director.
- E. Call parent. If parent cannot be located, call designated emergency number on the Emergency Medical Authorization Permit.
- F. Complete an accident report (page 4).

Non-Emergency Situations

There are those situations when the injury or illness of the student is not considered an emergency. In such situations, the procedure to follow is:

- A. Notify parent (emergency number provided) to pick up the student. Provide whatever information is available to help the parent decide whether or not the student should receive medical care.
- B. If the parent has no available transportation, discuss other possible alternatives they might have (neighbor, relative, taxi, etc.).
- C. In the event the parent cannot provide any alternative suggestions for transportation and it is inappropriate for the student to ride the bus, the Director/Supervisor may arrange for staff members (two (2) if possible) to transport the student home or to the location designated by the parent.
- D. There may be situations in which the Director/Supervisor may designate staff members to transport the student to the doctor or the emergency room, after the parent has been notified, with the plan that the parent will meet school personnel with the student on arrival. This may be a situation when time is a factor, but emergency medical service or an ambulance is not warranted.

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Parent/Guardian

Child's Name

(Last) (First) (Middle)

School _____ Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____

ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity.

Building or Location: _____

Student's Name: _____ Grade: _____

Address: _____ Phone: _____

Parent/Guardian: _____

Activity: _____

Describe what happened:

Place: _____ Time: _____ Date: _____

Witnesses (if any): _____

Action taken (if any), if none say none:

Parent/Guardian notified: _____ YES _____ NO If yes, when: _____

If no, explain: _____

Signature of person completing report

Date