

CARROLL COUNTY PUBLIC SCHOOLS
EMERGENCY PROCEDURE INFORMATION

To the Parent(s)/Guardian(s) of: _____ Date _____

You have indicated on the emergency procedure card / health forms that your child has the following health problem:

Some additional information is needed to help me care for your child if the need should arise. Please describe in detail the usual symptoms so that I may recognize the condition or any deviation from the usual reaction.

How do you treat this condition at home?

Does your child take any medication for this condition? ____Yes ____No If so, what: _____

How would you like me to respond to this at school if it becomes necessary?

Parent/Guardian Signature

PLEASE NOTE: Medication may not be given without a written doctor's order and a signed parent consent. The information you supply will be handled in a confidential manner. If you have questions, please call me.

Please return to school nurse as soon as possible. This information will be shared with those with a need to know.

Thank you for your cooperation.

Nurse's Signature

