MEDICAL EMERGENCY PROTOCOL

Student:_____ DOB:_____

Primary Physician: _____

NOTIFICATION PROTOCOL

In the event of:	Greater Than	Less Than
• Heart Rate	_____	_____
• Respiratory Rate	_____	_____
• Temperature	_____	_____
• Blood Pressure	_____	_____

- Other:_____

_____

Notify: _____ at: _____
(Physician) (Phone)

If unavailable, contact: _____ at: _____
(Physician) (Phone)

EMERGENCY PROTOCOL

· What constitutes an emergency for this child?

· Who is to be notified? (Include name and phone)

· What interventions are to be performed at school?

· When should transport to emergency facility occur?

TRANSPORT PLAN

- Transport to local hospital nearest to school: _____YES _____NO
- If "NO", indicate hospital of choice:_____

SPECIAL CONSIDERATIONS:
* Can only happen with direct doctor's order

_____/_____
(Physician's Signature) Date