



San Mateo Union High School District

MEDICAL EMERGENCY INSTRUCTIONS / HEALTH CARE PLAN

Student: _____ DOB: _____ School Year: _____

PARENT/GUARDIAN INSTRUCTIONS: As parent/guardian of the above named student, in the event of any emergency, request and instruct the school to **immediately**, as appropriate to the situation:

- Notify Parent/Guardian _____
Phones: Home (_____) _____ Work (_____) _____ Cell/Pager (_____) _____
- Notify Parent/Guardian _____
Phones: Home (_____) _____ Work (_____) _____ Cell/Pager (_____) _____
- Notify doctor _____ Phone (_____) _____
- Transport to hospital (specify) _____
Other instructions: _____

(I) (We) the parent(s) or guardian(s) of the above-named student, hereby indemnify and hold harmless from any demands, actions, suits, or any liability of any nature or kind, any and all personnel, employees, and agents of said district who may act pursuant to the instruction of the child's physician.

SIGNATURE OF PARENT/GUARDIAN

DATE

PHYSICIAN INSTRUCTIONS: The above named student is currently under my care for (medical condition):

Signs/symptoms indicating a medical emergency are: _____

Actions to be taken: _____

SIGNATURE OF PHYSICIAN/HEALTH CARE PROVIDER

DATE

**NAME & ADDRESS STAMP:
REQUIRED**

Phone (_____) _____ Fax (_____) _____ E-mail: _____