

MEDICAL EMERGENCY PROTOCOL

Student: _____ DOB _____

Primary MD: _____

NOTIFICATION PROTOCOL

In the event of:	Greater than	Less than
• Blood Sugar	_____	_____
• Heart Rate	_____	_____
• Respiratory Rate	_____	_____
• Temperature	_____	_____
• Blood Pressure	_____	_____
• Other _____	_____	_____

Notify: _____ at: _____
(physician) (phone)

EMERGENCY PROTOCOL

- What constitutes an emergency for this child?
- Who is to be notified? (include names and phone numbers)
- What interventions are to be performed at school?
- When should transport to emergency facility occur?

Norfolk Ambulance will transport to Caritas Norwood Hospital, Sturdy Memorial Hospital or Milford Whitinsville Hospital. Indicate if you have a preference:

SPECIAL CONSIDERATIONS:

Physician's Signature Date

Parent's Signature Date