

EMERGENCY MEDICAL FORM

It is the policy of IMA that, upon enrollment, the parent/guardians sign an Emergency Medical Authorization Form stating where parents can be reached if not at home, and whom should be contacted in the event they cannot be reached.

I understand IMA teachers are trained in First Aid and CPR, and I authorize them to give my child treatment whenever they deem it appropriate. I understand that every effort will be made to contact me in the event of an emergency, which requires medical attention.

I hereby authorize Island Montessori Academy to proceed as follows in the case of illness or emergency:

1) **NON-LIFE THREATENING EMERGENCY***

My child will be given First Aid treatment and kept at school until I or another adult contact on the Emergency Release Form can be reached to pick up my child.

2) **LIFE THREATENING EMERGENCY**

My child will be transported by ambulance (at my expense), accompanied by a staff member, to the nearest hospital, where I give Permission for any and all x-rays, tests, treatment, and/or hospitalization to be administered and/or arranged by those medical personnel in attendance at said hospital, as they may deem necessary.

* As determined by a staff member trained in First Aid

PLEASE NOTE:

--At the Academy's discretion, students with facial or head injuries or other injuries of a potentially serious nature may be transported by ambulance as described above (2), even if those injuries are not deemed life threatening.

--The school health form lists your child's physician's name, address and phone number, and the date of the last Diphtheria/Tetanus booster, as well as your child's other pertinent medical information.

--The physician named is authorized to undertake such care and treatment of a child, as she considers necessary. In the event that your child's physician is not available at the time, authorization for such treatment and care is given to any licensed physician or surgeon.

--We will always attempt to contact you, your child's physician, and/or your emergency contacts whenever illness or medical emergency occurs.

	Emergency Contact #1	Emergency Contact #2
Contact Name		
Relationship to Student		
Home Number		
Work Number		
Cell Number		

Family Physician's Name _____ Phone number _____

Family Physician's Address _____

The primary source of emergency medical care will be:

Marco Healthcare Center (NCH), 40 S. Heathwood Drive, Marco Island 394-8234

STUDENT HEALTH FORM



Child's Full Name _____

Birth Date _____

For Academic Year: **2010-2011**

Name of Parent filling out form _____

Allergy Information

Please include signs and symptoms of allergic reaction and if it is a life-threatening allergy (LTA). In an instance there is an LTA, families will work with the school and family physician to develop an individual health plan for the student.

Allergies to Medication: _____

Special instructions, if any: _____

Food Allergies: _____

Special instructions, if any: _____

Other Allergies: _____

Special instructions, if any: _____

My child has an EpiPen.

If checked, a labeled EpiPen provided by the family must be on the school premises at all times. The school will have back-up EpiPens.

Please note: If you want Benadryl administered in the case of allergic reactions, you MUST have a physician-signed, medical authorization form on file and provide the school with a bottle of Benadryl labeled with your child's name.

www.imamarco.org

General Emergency Procedures for a LTA:

- An adult will call 911, then get the child's Emergency Medical Form
- Administer EpiPen if appropriate
- Contact the family

Parent's Signature

Date

PLEASE NOTE: This form must be accompanied by completed and signed US Department of Health Forms 680 and 3040.