When a staff member sees a student who has been involved in an accident at school, on school property or at a school-sponsored event, the staff member shall follow the rules for the care of an injured student and report the accident to the building principal. If a student has an accident which appears to require medical treatment, no action shall be taken by an employee except to send for medical help and to make the student as comfortable as possible while waiting for medical assistance to arrive. If an employee is qualified to administer first aid, that aid may be given. Qualified employees, for the purpose of this policy, are those employees who have successfully completed an approved Red Cross first aid program or the school nurse.

When appropriate, the student's parent(s) shall be notified of the injury as soon as possible to determine appropriate action. If the student needs medical attention and the parents cannot be reached, the principal shall seek emergency medical treatment.

<u>Records</u>

Appropriate records documenting student accidents shall be kept on file in the principal's office.

Approved: 6-8-2009

STUDENT INFORMATION FORM

Student Name_____

Parent/Guardian Name_____

Mailing Address_____

Street Address_____

Home Phone_____

Business Phone_____

Name(s) and phone number(s) of some other person(s) to be called in the event of an accident if the parent(s) cannot be contacted:

1._____

2._____

Name and office phone number of family physician:_____

_____

Physical conditions staff members should be alerted to:

_____

_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

      I, the undersigned, being the natural parent (or legal guardian) of _____, a minor, do hereby consent to the securing of emergency medical treatment, including the necessary transportation to receive such treatment, for said _____by _____, the superintendent of schools USD 218, Morton County, or designee.

      Dated this ____day of _____, 19__, and valid for the remainder of 19__-__ school year or until specifically revoked.

_____

Parent

_____

Witnessed By:

_____