

Emergency Information

1. The District's Student Enrollment Form, which includes student emergency contact and health information, must be completed and signed annually by the student's parent/guardian and kept in each school office. Additional emergency contact names should be listed in case the student's parent/guardian cannot be reached. These designated contact individuals may remove the student from school if needed for illness or injury. On the day of the illness or injury, the parent/guardian may give permission for others to remove their child from school. It is the responsibility of the student's parent/guardian to update the school district with new information.
2. When students are involved in activities away from their home school, emergency information will be available should a need arise to activate emergency medical services. It is the responsibility of the principal or his/her designee to see to it that this information is readily available. The District's curricular and co-curricular permission form and checklist will be completed by parent/guardian as indicated as well as appropriate District personnel for all field trips (including extended field trips).

Emergency Equipment and Supplies

1. First aid supplies will be located in each school health office and will be available for field trips. A first aid kit will also be located in each District bus.
2. Automatic external defibrillators (AEDs) shall be used and maintained in accordance with District policy and procedures.
3. District school buses will be equipped with a radio that can be used to call Emergency Medical Services. The radio has limited distance communication. Insure that a fully charged cell phone is taken on a field trip.

General Emergency Care

1. In life threatening situations or in situations where the need for immediate medical care is suspected, the school has a responsibility to act on behalf of the injured or ill student, employee or program participant. Emergency Medical Services must be activated by calling 911.
2. The principal, designee or program supervisor must act on behalf of the parent/guardian when medical assistance and response time may be critical to preserve life or prevent major disability. In these instances, Emergency Medical Services will be called first, the parent/guardian second.
3. No student who is ill or injured during the school day will be allowed to leave the building without the knowledge of the Health Office Staff.
4. No student who is ill or injured will be allowed to leave the building during the school day without the permission of his/her parent/guardian unless they are an 18-year-old student.

Emergency Plan for Athletic Events

The head coach/designee shall:

1. Determine how 911 (Emergency Medical Services) would be called in the event of an emergency.
2. Assign one person to alert Emergency Medical Services should the need arise.
3. Designate person(s) to carry necessary emergency supplies in Field Kit, which includes athletic emergency information. It is the responsibility of the student's parent/guardian to update the program supervisor/designee of new information.
4. Keep a list of personnel/athletes currently certified in cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) and first aid.

Record Keeping

A method to record each incident of service provided will be maintained. Student physical health records and patient health records will be maintained and released in accordance with legal requirements and District procedures.

Legal Ref: 118.07, Health and safety requirements
118.125, Pupil records
118.29, Administration of drugs and emergency care
121.02(1)(g), Provide for emergency nursing services
146.81, Health care records
146.82, Confidentiality of patient health care records
146.83, Access to patient health care records
146.84, Violations related to patient health care records

Cross Ref: 453.1-Rule, Emergency Nursing Services
453.4, Medications Administration to Students
453.4-Rule, Medication Administration to Students Procedures
453.4-Exhibit A, Prescription Medication Consent Form
453.4-Exhibit B, Over-The-Counter Medication Consent Form

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