



ISD Sunday School

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Medical Emergency Plan

The following medical emergency plans are established by ISD Sunday School.

1. For ordinary cuts and bruises a teacher or a staff member will apply first aid.
2. The school will contact fire and/or police for emergency service, if appropriate
3. The school will contact the parents. If parents cannot be contacted, the below listed contact person(s) will be contacted.
4. The school will arrange to transport student to emergency medical care by public emergency vehicle or parent/guardian vehicle.

Student Name:	_____
Student Name:	_____
Student Name:	_____
Student Name:	_____

For the above mentioned child/children here are the preferred physician/clinic and preferred hospital.

Preferred Physician/Clinic

Physician/Clinic:	_____
Address:	_____
City:	_____
State, ZIP	_____
Phone #	_____

Preferred Hospital _____

By signing below I/We give consent to transport my child by public emergency vehicle. The preferred hospital facility is indicated above. I/We will assume all financial responsibilities for medical care associated with the emergency. I/We also give consent to transport the child to a medical care facility designated by the public emergency vehicle attendant or paramedic.

Parent Name _____

Parent Signature _____ Date _____

Please list below **two** people to be contacted in the event of an emergency if the parents cannot be reached.

Name:	_____	Name:	_____
Relationship to student:	_____	Relationship to student:	_____
Address:	_____	Address:	_____
Phone #:	_____	Phone #:	_____
Cell #	_____	Cell #	_____