



## San Ramon Valley Unified School District

699 Old Orchard Drive

Danville, CA 94526

### PARENT'S REQUEST FOR EMERGENCY TREATMENT FOR A STUDENT WITH LIFE-THREATENING MEDICAL PROBLEM

**NOTE: Complete This Form Only If Your Child  
Has a Life-Threatening Medical Problem**

**Directions:** If your child has a medical problem that might result in a life-threatening emergency situation at school (e.g., Cardiac disorders, diabetes, severe asthma, severe allergic reactions to insects or food, or other miscellaneous life-threatening conditions), please complete this form and return to the School Nurse at your child's school.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

**Medical Diagnosis and Description of Illness:** \_\_\_\_\_

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#### Emergency Plan to Follow:

##### IF YOU SEE THESE SYMPTOMS:

##### DO THIS:

_____	_____
_____	_____
_____	_____
_____	_____

You have my permission to contact my child's doctor to discuss the above medical condition and medical plan.

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Office Phone Number

**This form will be attached to your child's emergency card and shared with appropriate staff. I understand this plan will not replace usual emergency procedures such as calling 911.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

This form was reviewed by \_\_\_\_\_ on \_\_\_\_\_  
School Nurse Date