

DAYTON SCHOOL DISTRICT ILLNESS OR ACCIDENT DIRECTION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

1. In case of illness or accident which is not serious in nature, but the student would be better off at home, the school may contact home by:

- a. Calling home phone number \_\_\_\_\_
- b. Calling our business number \_\_\_\_\_
- c. Calling neighbor \_\_\_\_\_

	Name	Phone
--	------	-------

- d. Other (specify) \_\_\_\_\_

2. In case of serious illness or accident, the Superintendent, Principal, and Teacher would (please check appropriate blank):

- \_\_\_\_\_ a. Under no circumstances call a doctor or take the student to a doctor or hospital without first contacting the student's home.
- \_\_\_\_\_ b. Use their best possible judgment and, if they think it necessary, provide for emergency medical treatment.

3. If you answered number 2a above, that the school should not provide emergency medical treatment without specific parent permission, what should the school do in case of an emergency and you cannot be reached: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does this student have any known medical problems such as asthma, severe allergies, diabetes, heart problems, epilepsy, or other which may require special attention at school? If so, please write specific instructions on the back of this form.

Signed \_\_\_\_\_  
Parent or Guardian