

M.S.A.D. #4

Medical Emergency Form

Site _____ Date _____ Time _____

Name of person with medical emergency _____

Nature of emergency _____

First aid administered at the scene _____

Administered by _____

911 called by _____ Time _____

Parent/Guardian called by _____ Time _____

Taken by ambulance to _____ Time _____

(Name of Hospital)

Person completing this form _____

Signature

****If injury has occurred, fill out student/staff/visitor accident report****