



Medical Emergency Protocol

Health Services

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 400-39-F02
November 2023

Clear Form

Student: _____ DOB: _____

Health Care Provider: _____ Date: _____

Notification Protocol

In the event of:	Greater Than	Less Than
Heart Rate	_____	_____
Respiratory Rate	_____	_____
Temperature	_____	_____
Blood Pressure	_____	_____
Other	_____	_____

Notify: _____ at _____
(Health Care Provider) (Phone)

If unavailable, contact: _____ at _____
(Health Care Provider) (Phone)

Emergency Protocol

What constitutes an emergency for this child?

Who is to be notified? (Include name and phone number)

What interventions are to be performed at school?

When should transport to emergency facility occur?

Transportation Plan

Transport to local hospital nearest school: Yes No

If No, indicate hospital of choice: _____

Special Considerations

Parent/Guardian/Surrogate's Signature Health Care Provider Signature

Date Date