

SAN MATEO COUNTY PUBLIC SCHOOLS - EXHIBIT "B"
MEDICAL EMERGENCY INSTRUCTIONS AND HOLD HARMLESS STATEMENT

(School)

(Address)

Name of Student: _____

(I)(We) the parents or guardian (s) of the above named student , in the event of any emergen affecting the health or welfare of said student, hereby request and instruct the subject school t

(1) Immediately notify _____
(Parent or Guardian)

Other _____ by telephoning
Telephone number _____

(2) Immediately notify doctor _____

(Address)

(Telephone number of M.D.)

(3) Transport or cause said student to be transported to the nearest medical doctor hospital, i.e. _____

(Specify)

(4) Other instructions: _____

(I)(We) the parent (s) or guardian (s) of the above-names student, hereby indemnify and hold harmless from any demands, claims, actions, suits, or any liability of any nature or kind, any and all personnel, employees and agents of said district who may act pursuant t the above instructions or pursuant to the instructions of the child's physician.

(signed parent or guardian)

CD-9 Revised 1970

EXHIBIT "C" - PHYSICIAN'S INSTRUCTIONS

RE: _____
(Name of Student)

ATTENDING: _____
(Name of School)

I am a medical doctor duly licensed to practice medicine bye the State of California; and while ac in said capacity, I have had occasion to examine the above-named student and find that: _____

In the event that an emergency arises at said school with regard to the said student's medical condition as above indicated, I make the following recommendation: _____

Medication: _____ Dosage: _____

DATED: _____ SIGNED: _____