



**Success Institute Charter School**

1424 #2 Rickert St | Statesville, NC 28677  
Office: 704.881.0441 | Fax: 704.881-0870

### EMERGENCY PROCEDURE FORM

In the event that your child becomes ill or injured at Success Institute, the school care providers will make every effort to contact you immediately. This is why it is important that we have updated contact information on file. If you cannot be contacted, the school care providers will attempt to take action as outlined below:

1. Appropriate first aid will be administered immediately as needed.
2. The providers will **NOT** administer any drug or medication without specific instructions from you, the child's guardian, custodian, or child's physician. *(Please be sure to complete medical form included with informational packet).*
3. In the event that neither you nor your child's doctor can be contacted in a medical emergency, the provider will attempt immediate medical treatment as needed and will provide transportation to the emergency room to the hospital you have listed. You will be notified as soon as possible.

Please complete the form below to authorize the school care providers to assist your child in an emergency situation.

I, \_\_\_\_\_ authorize Success Institute Charter School to care for my child  
(Your Name)

\_\_\_\_\_ in the event of an emergency.  
(Child's Name)

| Hospital Preference | Doctor's Name or Preference |
|---------------------|-----------------------------|
|                     |                             |

**Note: Success Institute will use the emergency room doctor if your child has to be taken to the emergency room.**

Telephone Number(s) to be reached: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date