

MEDICAL TRANSFER
Mount Pleasant Cottage School
Union Free School District
P.O. Box 8
Pleasantville, New York 10570
914 769-0456 Ext. 219
(Fax) 914 747-5595

Date: _____ Hospital: _____

Name: _____

Parent/Guardian Name: _____

Telephone Number: _____

Allergies to Medicine: _____

Current Medication: _____

Past Medical History: _____

Documentation of Current Injury/Illness: _____

Medication Given: _____

Vital Signs: Blood Pressure #1 _____ #2 _____

Pulse _____ Temp _____ Temp _____

Respiration _____ O2Sat _____ O2Sat _____

Time Ambulance Called: _____ Time Ambulance Arrived: _____

- Demographic sheet
- Emergency Contact sheet
- Immunizations
- Physical

Signature _____

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