


EMERGENCY CARE PLAN

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	Student Name: _____ DOB: _____ Grade: _____ School: _____ Year: _____ Teacher: _____ OTHER ID: _____
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TRANSPORTATION: WALKER CAR BUS RIDER BUS NUMBER: _____

BUS DRIVER: _____ BUS ROUTE: _____

PARENT/GUARDIAN: _____ HOME PHONE: _____

GUARDIAN 1: _____ CELL PHONE: _____

GUARDIAN 2: _____ CELL PHONE: _____

PHYSICIAN: _____ PHONE: _____

PREFERRED HOSPITAL: _____ ALLERGIES: _____

CURRENT MEDICATION: _____ RESCUE MAINTENANCE: _____

HEALTH CONCERN: (ENTER DIAGNOSIS)	
HISTORY	
SPECIAL PRECAUTIONS	
EMERGENCY INTERVENTION	
MODERATE SYMPTOMS	IMMEDIATE RESPONSE
SEVERE SYMPTOMS	IMMEDIATE RESPONSE
	CALL 911 NOTIFY PARENT, SCHOOL NURSE, AND PRINCIPAL. DO NOT LEAVE THE STUDENT UNATTENDED.

Student Name: _____ Age: _____ Year: _____

Classroom Accommodation / Modifications

Report concerns to parent for physician follow-up

Emergency Contacts		
Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent Signature: _____ Date: _____

Parent signature on File

School Nurse: _____ Date: _____

<input type="checkbox"/> PARA PRO	<input type="checkbox"/> HEALTH ROOM	<input type="checkbox"/> NUTRITIONAL SERVICES	<input type="checkbox"/> SECRETARY-PRINCIPAL	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> OTHER:	<input type="checkbox"/> TEACHER
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