

Emergency Care Plan (Severe Health Issues)

Diagnosis

Student: _____ Grade: _____ School Contact: _____
DOB: _____
Mother: _____ Home #: _____ Work #: _____ Cell #: _____
Father: _____ Home #: _____ Work #: _____ Cell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN EMERGENCY MAY INCLUDE ANY/ALL OF THESE:

SIGNS OF AN EMERGENCY:

STAFF MEMBERS INSTRUCTED: _____ Classroom Teacher(s) _____ Special Area Teacher(s)
_____ Administration _____ Support Staff _____ Transportation Staff

TREATMENT:

STEPS TO FOLLOW FOR AN EMERGENCY:

Healthcare Provider: _____ Phone: _____
Written by: _____ Date: _____
_____ Copy provided to Parent _____ Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____