**EMERGENCY CARE PLAN**

Glencoe Silver Lake Public Schools – ISD #2859

\*Have available in case of emergency transport \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Grade:** |  | **School:** |  |
| **Address:** |  | **D.O.B:** |  |
| **Parent’s****Name:** |  | **Phone:** | Cell |  |
| Home |  |
| Work |  |
| **Parent’s****Name:** |  | **Phone:** | Cell |  |
| Home |  |
| Work |  |
| **Physician/****Clinic:** |  | **Phone:** |  |
| **Medical****Diagnosis:** |  |
| **Medication Allergies:** |  | **Other****Allergies:** |  |
| **Symptoms** | **Actions to Take** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Licensed School Nurse:**  |  | **Date:** |  |
| **Parent:** |  | **Date:** |  |