**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:** |  | |