

EMERGENCY CARE PLAN

Date plan written _____ ID# _____

Student name _____ Birthdate _____

Parent _____ Emergency phone numbers _____

Doctor _____ Phone number _____

Hospital _____ phone number (911) or _____

Medical insurance (optional)

Medical condition: _____

Usual treatment: _____

Signs of emergency: _____

Actions for teacher to take: _____

Date of event: _____

Student's response to emergency measures: _____

Principal notified _____ Time _____ School Nurse Notified _____ Time _____

Doctor notified _____ Time _____ Parent Notified _____ Time _____