

# Mercer Co. Schools

## Emergency Plan of Action for Health Conditions



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Transportation:  Bus AM \_\_\_\_\_ PM \_\_\_\_\_  Car  Driver Allergies: \_\_\_\_\_

School Sponsored Sports & Activities your child is involved in: \_\_\_\_\_

### **TO BE COMPLETE HEALTHCARE PROVIDER**

<p><b>Diagnosis:</b></p> <p><input type="checkbox"/> Sickle Cell Anemia</p> <p><input type="checkbox"/> Cystic Fibrosis</p> <p><input type="checkbox"/> Long QT Syndrome</p> <p><input type="checkbox"/> Hemophilia</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Vasovagal Syndrome</p> <p><input type="checkbox"/> Other: _____</p> <p><b>EMERGENCY PLAN OF ACTION</b> (Please include detailed instructions; Indicate when 911 must be contacted)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Precautions at school:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Restrictions at school:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other Information/Instructions for school:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Provider Printed Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Address & Phone Number: \_\_\_\_\_

**To Be Completed By Parent/Guardian**

I give permission for \_\_\_\_\_ to receive the above treatment at school according to standard school policy and expressly hold harmless and waive any liability on behalf of the school or its employees and agents concerning any injuries or reactions resulting from treatment unless such as the result of negligence or misconduct on behalf of the school or its employees. I also give permission for this plan to be available for use in my child's school and for the nurse to contact the physician when necessary to carry out this plan.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number(s) of Parent/Guardian: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Use Only:  IC  Teachers  Bus  Sports/Activities