



Chester Community Charter School

Fifth & Madison/Bethel & Highland/1100 Main Street/200 Commerce Drive
Chester/Upland/Aston, PA

EMERGENCY CARE PLAN: PARENT TO COMPLETE

Name: _____ DOB: _____

Grade: _____ Building: _____ Teacher: _____ Rm: _____

Student lives with: _____

Telephone (h) : _____ (Cell) _____

Telephone (h) : _____ (Cell) _____

Emergency Contact if Parent/Guardian is not available:

1. _____ Relationship _____ Number: _____

2. _____ Relationship _____ Number: _____

Health Care Provider/Telephone: _____

Allergies: Yes No If yes, please identify _____

Note: If your child has a food allergy, a Food Health Service Plan must be completed by your child's Doctor and will be sent home to you.

Medications Taken at Home: _____

How does your child behave when his/her health problem is active?

Please list any request you have for the nurse when your child's health problem is active:

Parent/Guardian Signature: _____ Date: _____

Certified School Nurse Signature: _____ Date: _____