Volusia County Schools

DeLand	Daytona Beach	New Smyrna Beach	Osteen
(386) 734-7190	(386) 255-6475	(386) 427-5223	(407) 860-3322

EMERGENCY CARE PLAN

Student: _____ Date: _____

DOB: _____ School: _____ Grade: _____

Reason for Plan: _____ Allergies: _____

This authorization is valid for this school year only unless earlier date is specified:_____

POSSIBLE EMERGENCY SITUATIONS:

IF YOU SEE THIS:	DO THIS:

If any of the above conditions are observed:
1. An adult is to stay with the student.
2. Notify the nurse: student's name, location of student, the problem.
3. The school nurse will assess the student and situation and decide on management.
4. If treatment interventions are not successful 911 will be called.
5. If there is no school nurse available, the following are to be notified to determine management:

Emergency Information:

Student's Home Address: _____Phone: _____
Mother: _____Work#: _____ Home#: _____
Father: _____Work#: _____ Home#: _____
Other Contact: _____Work#: _____ Home#: _____
Preferred Hospital: _____Phone:_____
Local Hospital Emergency Room: _____Phone:_____
Primary Physician: _____Phone:_____
Specialists: _____ Phone:_____
_____Phone:_____

AUTHORIZATION:

☐ Yes ☐ No I give permission for the physician and school district personnel to exchange pertinent information pertaining to this child's condition/progress.

_____ _____
Parent/Guardian Date Physician Signature Date

_____ _____
Administrator Date Nursing Supervisor Signature Date

Emergency Care Plan should be revised according to student's specific needs.

Emergency Care plan forwarded to Transportation, Date: _____