

Date Plan was Developed:

School Year:

Elma School District – Building: _____

Emergency Care Plan: unspecified

Student Name: _____ DOB: _____ Student Picture _____

Parent/Guardian: _____	Phone: _____	Work Ph: _____
Emergency Contact: _____	Cell Ph: _____	Work Ph: _____
Emergency Contact: _____	Cell Ph: _____	Work Ph: _____
Physician: _____	Phone: _____	
Current Medication: _____		
Allergies: _____		
Pertinent Medical/Surgical History: _____		

Necessary information on child, family, or specific medical issues:		
IF YOU SEE THIS	DO THIS	TIME Initial
Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.		

Signature below indicates my involvement and agreement with the above information:

_____ Parent/Guardian Signature	Date	_____ MD/HCP Signature	Date	_____ School RN Signature	Date
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