

# Emergency Action Plan

## Student Information

**Student Name:** CedarTrain Sample41  
**Birth Date:** 05/18/2008  
**Address:** 1234 Candy Cane Lane  
**Parent:** First Last  
**PH#:** Primary  
**ALT PH#:** Secondary  
**Grade:** Tenth grade  
**School:** Cedar Springs High School

**Plan Date:** 05/18/2024  
**Doctor:** Helen DeVos General Pediatrics  
**Doctor's Location:** Helen DeVos General Pediatrics: 330 Barclay Ave. NE, Suite 300, Grand Rapids, MI 49503  
**Doctor's Phone:** 616-391-8810  
**Doctor's Fax:** 616-391-8897  
**Teacher:**

## Allergies and Health Concerns

**Allergies:** Known Drug Allergies

---



---



---

**Additional Health Concerns/Medical Diagnosis:** Primary Diagnosis: Supporting documentation

---



---



---

Emergency Contact Name	Phone Number	Alt Phone Number
------------------------	--------------	------------------

## Warning Symptoms

**Describe "typical" warning symptoms for this student:**

---



---



---



---



---

## Emergency Care

1. Do not leave student alone.
2. Consider calling MERT ( ) and 9-1-1.

3. Call School Nurse (Megan Dailey BSN, RN) and parent.
4. Provide treatment as prescribed by doctor:
  - Give medication , expiration , stored in
  - Give medication , expiration , stored in
5. If breathing stops, provide CPR.
6. Complete an Accident/Incident Report if 9-1-1 is called.
7. Other:

## Transportation and Field Trips

RN on call for supervision need to accompany on field trip.

During field trips, provide care as described EXCEPT:

**School Nurse:** Megan Dailey  
BSN, RN

**Phone:** 616-696-1204 ext 1043  
**Phone:**

**Alternate Phone:** 616-696-  
1200 ext 7927

**Back up Nurse:**

**Alternate Phone:**

# Individualized School Healthcare Plan

**Student Name:** CedarTrain Sample41

**Birth Date:** 05/18/2008

**Description of chronic disease:**All pertinent medical documentation

---

---

---

**1. Follow Management Plan from the doctor.**

- o Management plan is available and attached: No
- o Medication/Treatment order is available and attached: No
  - **Emergency medications must be readily accessible and available at all times!**
- o **Treatment Schedule at School:**

---

---

---

**2. Other Considerations:**

---

---

---

**3. Present Level of Functioning**

Student is:

- o able to identify and avoid triggers: No
- o able to recognize and communicate early warning signs: No
- o able to self administer medication: No

**4. School Staff trained to follow emergency procedures:**

---

---

---

**5. Nursing Goals:**

---

---

---

**Care Plan developed on:** 05/18/2024

**Does this student need a Plan of Care for medical supports?**  Yes  No

**School Nurse:** Megan Dailey  
BSN, RN

**Phone:** 616-696-1204 ext 1043

**Alternate Phone:** 616-696-1200 ext 7927