



**Brecksville-
Broadview Heights
City School District**

Brecksville-Broadview Heights City Schools
Board of Education Office

6638 Mill Road, Brecksville, Ohio 44141

Jeffrey D. Harrison
Superintendent

Phone: 440-740-4000

Craig G. Yaniglos
Treasurer/CFO

EMERGENCY ACTION PLAN

Student Name _____ Date _____ School Year _____ picture

Medical Condition/Allergy _____

D.O.B. _____ Homeroom Teacher/Grade _____

If you see these symptoms:

Take this action:

Medication order from a licensed provider on file: ____ Yes ____ Not Applicable

Emergency Medication _____, (dosage/route) _____
should be given for _____ (reason/symptoms)

The medication is kept in _____ (location)

1. If this plan is activated, call 9-9-1-1 (Unless otherwise stated above)

2. Contact parent or guardian:

First call: Name _____ Relationship _____ Day phone _____

Cell phone _____

Second call: Name _____ Relationship _____ Day phone _____

Cell phone _____

Third call: Name _____ Relationship _____ Day phone _____

Cell phone _____

Parent/Guardian's Signature _____ Date _____

Physician's Signature _____ Date _____

School Nurse Signature _____ Date _____