Eden Central Schools

Pupil Personnel Services
3000 Schoolview Road
Eden, New York 14057

Merrie Maxon
Director of Pupil Personnel Services

Phone (716) 992-3645
Fax (716) 992-3660

Emergency Care Plan

Student Information	
Name:	Date of Plan: _____
School:	
Grade:	Grade ☐ N/A
Medical Conditions: Medications: Unrestricted access to: ❑ Bathroom ❑ Hydration ❑ Backpack ❑ Cell phone	

Emergency Contact Information		
Name	**Relationship**	**Phone**
Name	☐ Parent/Guardian ☐ Other (List Relationship) _____	
Name	☐ Parent/Guardian ☐ Other (List Relationship) _____	
Name	☐ Parent/Guardian ☐ Other (List relationship) _____	

If Student Complains or You See This:	Take These Actions:	Notes:
	Notify Nurse if Available at: _____	

Health Care Provider:	Phone:
School Nurse: Kathleen McKinnon RN, BSN	School: Eden Middle/High School
Phone:716-992-3615 Fax:716-992-3671	Email: kmckinnon@edencsd.org
Date:	❑ Copy provided to Parent
Parent/Guardian Signature to share this plan with Provider and School Staff:	

STAFF MEMBERS INSTRUCTED: ❑ Classroom Teacher(s) ❑ Special Area Teacher(s)
❑ Administration ❑ Support Staff ❑ Transportation Staff

MAINTENANCE STRATEGIES INCLUDE:

_____

_____

_____

_____

MILD TO MODERATE REACTION SYMPTOMS:

Symptoms: _____

_____

_____

Intervention: _____

_____

_____

SEVERE REACTION SYMPTOMS:

Symptoms: _____

_____

_____

Intervention: _____

_____

_____

HEALTHCARE PROVIDER

Healthcare Provider Signature: _____

Provider Name: _____

Provider Address: _____

Phone: _____ Fax: _____

Please Return This Form to Your Child's School Health Office When Completed.