

Emergency Care Plan

Sample

Name of Health Issue _____

Student: _____ Grade: _____ School Contact: _____ DOB: _____

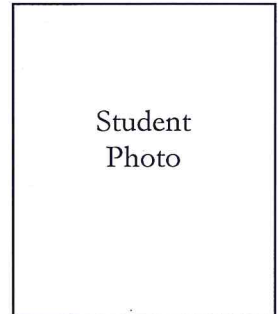
Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN EMERGENCY MAY INCLUDE ANY/ALL OF THESE:

- Write symptoms here
- Write symptoms here
- Write symptoms here



SIGNS OF AN EMERGENCY:

STAFF MEMBERS INSTRUCTED:

Administration

Classroom Teacher(s)

Support Staff

Special Area Teacher(s)

Transportation Staff

TREATMENT:

STEPS TO FOLLOW FOR AN EMERGENCY:

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Copy provided to Parent

Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____