



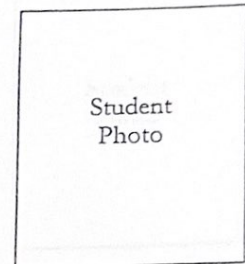
Emergency Care Plan

Student: _____ Grade: _____ 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 Support Staff Classroom Teacher(s) Special Area Teacher(s)
 Athletic Trainer 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: _____