



To complete this form electronically,  
it must be opened in Adobe Reader!

# Emergency Care Plan

School Year \_\_\_\_\_

Student legal last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Other ID# \_\_\_\_\_

Transportation:  Walker  Self Transported  Bus Rider Bus/Route Number \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### Physician and Hospital Information

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Current Medications 

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History 

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Allergies 

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Special Precautions 

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### Emergency Intervention

Moderate Symptoms

Immediate Response

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Emergency Intervention (cont.)

Severe Symptoms

Immediate Response

**Call 911**  
Notify Parent/Guardian  
Notify School Nurse  
Notify School Principal  
**Do not leave the student unattended**

Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**A copy of this plan will be kept in the school office and copies will be given to:**

- Para educator    Transportation    Teacher    PE Teacher    Student Services    Health Room    Secretary-Principal

Other \_\_\_\_\_

**CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING**