



# Emergency Care Plan

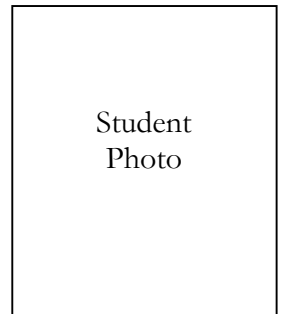
Sample

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)     
  Special Area Teacher(s)  
 Support Staff     
  Transportation Staff

**TREATMENT:**

**STEPS TO FOLLOW FOR AN EMERGENCY:**

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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: \_\_\_\_\_