

Emergency Action Plan for _____ school year

Student's Name: _____ Grade: _____ Div: _____

Student's Full Name: _____

Date of Birth: _____

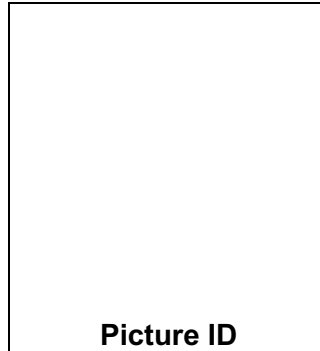
Parent/Guardian: _____

Phone (home/cell): _____ Phone (work): _____

Emergency Contact: _____

Phone (home): _____ Phone (work): _____

Health Care Provider: _____ Phone: _____



Emergency Plan:

HISTORY:

Diagnosis: _____

Date of Diagnosis: _____

Student wears a Medic-Alert

SYMPTOMS/PRESENTATION:

CARE PLAN INFORMATION:

Medications (list): _____ Medication expiry date: _____

Location of emergency kit: _____

Emergency plan review date (to do yearly): _____

Field Trip Plans: _____

It is the parent's responsibility to notify the facility of any change in the student's condition.

Sign below if you agree with above information & plan:

Parent/Guardian Date

School Administrator Date