

Emergency Healthcare Plan

Name: _____ DOB: _____

Teacher: _____ Grade: _____

Medical Condition: _____

Symptoms of Condition:

Action /Treatment:

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

If symptoms of health problems above occur, the school nurse will assess the student and institute the prescribed action/treatment. The school nurse or designee will contact the parent/guardian of the student. If a parent/ guardian cannot be reached, the emergency contact person will be called. Emergency personnel may be given a copy of this form.

Parent/guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____