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**EMERGENCY CARE PLAN**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Plan: \_\_\_\_\_ Allergies: \_\_\_\_\_

**This authorization is valid for this school year only unless earlier date is specified: \_\_\_\_\_**

**POSSIBLE EMERGENCY SITUATIONS:**

IF YOU SEE THIS:	DO THIS:

If any of the above conditions are observed:

1. An adult is to stay with the student.
2. Notify the nurse: student's name, location of student, the problem.
3. The school nurse will assess the student and situation and decide on management.
4. If treatment interventions are not successful 911 will be called.
5. If there is no school nurse available, the following are to be notified to determine management:

**Emergency Information:**

Student's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work#: \_\_\_\_\_ Home#: \_\_\_\_\_

Father: \_\_\_\_\_ Work#: \_\_\_\_\_ Home#: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Work#: \_\_\_\_\_ Home#: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital Emergency Room: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialists: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION:**

Yes  No **I give permission for the physician and school district personnel to exchange pertinent information pertaining to this child's condition/progress.**

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

\_\_\_\_\_ Date \_\_\_\_\_ Nursing Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Care Plan should be revised according to student's specific needs.

Emergency Care plan forwarded to Transportation, Date: \_\_\_\_\_