Volusia County Schools

DeLand (386) 734-7190 | Daytona Beach (386) 255-6475 | New Smyrna Beach (386) 427-5223 | Osteen (407) 860-3322

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 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.

_____ _____
Parent/Guardian Date Physician Signature Date

_____ _____
Administrator Date Nursing Supervisor Signature Date

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

Emergency Care plan forwarded to Transportation, Date: _____