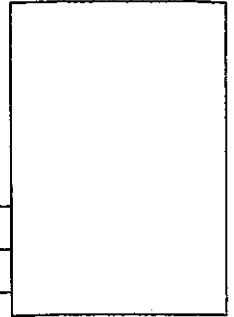


Emergency Care Plan



Date Plan Written: _____ Grade: _____
Student Name: _____ Birth date: _____
Parent: _____ Emergency phone #: _____

Medical condition: _____

Usual Treatment: _____

Signs of emergency: _____

Actions for the teacher to take: _____

Preferred hospital in case of emergency: _____

In case of emergency, contact:

1. _____ Relationship
2. _____ Relationship
3. _____ Relationship

I give my permission to share my child's health information with staff members:

Parent's/guardian's signature: _____

Physician's signature: _____

