



Spotsylvania County Schools Head Start

7565 Courthouse Rd.

Spotsylvania, VA 22553

PHONE: (540)582-8816 FAX: (540)582-8819

STUDENTS WITH SPECIAL MEDICAL DIAGNOSIS

Emergency Health Care Plan

DATE: _____

STUDENT: _____ BIRTHDATE: / / GRADE: _____

PARENT/GUARDIAN: _____ EMERGENCY PHONE #s: H () _____
W () _____
C () _____

DOCTOR: _____ PHONE # () _____ ADDRESS _____

HOSPITAL: _____

STUDENT- SPECIFIC EMERGENCIES

| <i>IF YOU SEE THIS</i> | <i>DO THIS</i> |
|------------------------|----------------|
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ADDITIONAL INSTRUCTIONS:

IF AN EMERGENCY OCCURS:

1. Stay with the student designate another adult to immediately call 911, the parent.
2. Call or designate an adult/student to call the principal and school nurse.
3. In addition to the school nurse the following staff members are trained in First Aid and CPR and trained to deal with an emergency situation.

| | | |
|-------|----------|-------------|
| _____ | _____ | _____ |
| Name | Position | Room number |

| | | |
|-------|----------|-------------|
| _____ | _____ | _____ |
| Name | Position | Room Number |

Physician Signature: _____ Date: _____

Printed Name: _____ Address: _____

Telephone #: _____

Parent/Guardian Signature _____
Staff Signature _____

Date _____
Date _____