

STUDENTS WITH SPECIAL HEALTH CARE NEEDS

Emergency Plan

School: _____ Grade: _____ Date: _____

Name of Student: _____ Date of Birth: _____

Preferred Hospital in case of emergency: _____

Parent: _____

Home telephone # _____ Work telephone # _____ Cell phone # _____

STUDENT-SPECIFIC EMERGENCIES

<i>IF YOU SEE THIS:</i>	<i>DO THIS:</i>

Healthcare Provider: _____
Printed Name *Telephone#*

Address: _____

Healthcare Provider Signature

IF AN EMERGENCY OCCURS:

1. If the emergency is life threatening, immediately call 911.
 - a. State who you are.
 - b. State where you are.
 - c. State the problem.
2. Stay with the student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures.

Name: _____ Title: _____

Name: _____ Title: _____