

EMERGENCY CARE PLAN

STUDENT
PHOTO

For School Use Only
Location of Medication:

TO BE COMPLETED BY PARENT/CAREGIVER

Name: _____	Date of Birth: _____	School: _____
Grade: _____	Homeroom Teacher: _____	Room: _____
Parent/Caregiver info: Name _____	Phone _____	Email _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Health Care Provider Treating Student: _____	Ph: _____
Health Condition: _____	
Student's most common symptoms/warning signs: _____	
Student's current treatment, medications & possible side effects: _____	

ACTIONS TO TAKE

(list actions to take below)

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-
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**Notify parents/guardian and document what happened in the First Aid and Medication Logs.
*By law, a completed and signed Medication Form must be on file at the school before medication can be administered at school.**

CALL 911 if student has

List signs and symptoms that indicate an emergency:

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**Administer CPR if Breathing Stops!
Continue Until Paramedics Arrive!**

**I authorize school personnel to implement this Emergency Plan as described.
I have completed a medication form FOR EACH medication listed above.**

Health Care Provider Signature & NPI #

Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent to communicate with the authorized health care provider when necessary.

Parent/Caregiver Signature

Date