



EMERGENCY CARE PLAN

Name: _____ Grade: _____ Age: _____ Date of Birth: _____

School: _____ Homeroom Teacher: _____ Rm: _____

Parent/Caregiver Name: _____ Phone (home): _____ (cell): _____

Address: _____ Phone (work): _____

Attach Student Emergency Card for additional emergency contacts.

Health Care Provider Treating Student: _____ Phone: _____

To provide assistance to a pupil experiencing symptoms related to a health condition:

	<u>Action to Take</u>
1. Health Condition: _____	_____
2. Possible warning signs and symptoms: _____	_____
3. Current treatment, medications, & possible side-effects: _____	_____
4. Other: _____	_____

CALL 911 if...

I authorize school personnel to implement this Emergency Care Plan as described above.

Health Care Provider Signature

Date

本人同意，爲了本人子女的安全和健康著想，學校當局可採取適當行動。本人同意，必要時，學校當局可與授權的健康護理員聯絡。 本人子女不需要服務。

家長/看顧人簽名

日期