



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

Doy mi consentimiento para que las autoridades escolares tomen la acción apropiada para la seguridad y bienestar de mi hijo/a. Doy mi consentimiento para que las autoridades escolares se comuniquen con el médico de mi hijo/a, cuando sea necesario. Mi hijo/a no necesita los servicios.

Firma del padre de familia o encargado

Fecha