

<input type="checkbox"/> Bus Rider: # _____
<input type="checkbox"/> Car Rider

## \_\_\_\_\_ 's Emergency Action Plan

Student's Name \_\_\_\_\_

**Medical Condition:** \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

1) Parent/Guardian: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_

2) Parent/Guardian: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_

3) Emergency contact: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**This student is being treated for a Medical Condition**  
**The information below should assist you if an emergency occurs during school hours.**

Symptoms	Significant Medical History
➤ _____	➤ _____
➤ _____	➤ _____
➤ _____	➤ _____
➤ _____	➤ _____
➤ _____	➤ _____

### Action Plan

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Emergency Response

<p><i>An emergency for this child is described as follows:</i>  <i>(Check all that apply)</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><i>Continued:</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Call 911 for transport to _____ hospital.</p>
---	--

### Treatment Protocol During School Hours *(Including Daily Medications and Emergency Medications)*

√ If Emergency.	Medication	Dosage & Time to be given	Common Side Effect & Special Instructions
<input type="checkbox"/>			
<input type="checkbox"/>			

### Special Considerations and Precautions *(Regarding school activities, trips, sports, etc.)*

\_\_\_\_\_

\_\_\_\_\_

<b>Parent Signature</b> Required	<p>_____</p> <p>Parent Signature _____ Date _____</p>
----------------------------------	---

<b>Nurse Signature</b> Reviewed	<p>_____</p> <p>Nurse Signature _____ Date _____</p>
---------------------------------	--