EMERGENCY CARE PLAN (SAMPLE)

Student________________________________  School___________________________________
Birthdate _________________________Grade_______ Teacher __________________________
Parent/Guardian ______________________________ Preferred Hospital____________________
Home Phone # _______________ Work # _______________ __ Cell # _____________________
Emergency Contact _____________________  Phone #1______________ #2_________________
Physician _____________________________   Phone ______________     Fax ________________

❖ STUDENT SPECIFIC EMERGENCIES:

If an Emergency Occurs:
1. If life threatening, immediately call 9 1 1
2. Stay with student or designate another adult to do so
3. Call or designate someone to call the principal and/or school nurse
   a. State YOUR name
   b. State WHERE you are
   c. State PROBLEM

TRAINING:

Date_________ Trainer: _________________________ Staff Name: _______________________

Date_________ Trainer: _________________________ Staff Name: _______________________

Date_________ Trainer: _________________________ Staff Name: _______________________