

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 YOU SEE THIS:

DO THIS:

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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:* _____