

Emergency Health Plan

Student: _____
Birth Date: _____
Parent(s): _____
Doctor: _____
Hospital: _____
Medical Insurance (Optional): _____

Date: _____
Home Phone: _____
Emergency Number: _____
Phone Number: _____
Phone Number: _____

Medical Condition:

Usual Treatment:

Signs of Emergency:

Actions for staff to take:

Step 1:

Step 2:

Step 3:

Response to emergency, action taken and persons notified:

_____ Doctor

_____ Parent (s)