

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student’s Name:** |  | **Grade:** |  | **Student’s Date of Birth:** |  |
| **School Name:** |  | **School Address:** |  |

|  |  |
| --- | --- |
| **THIS PERSON HAS A SERIOUS (POTENTIALLY LIFE-THREATENING) MEDICAL CONDITION** | **EMERGENCY PLAN** |
| Photo  | **General Information:** | **Emergency Instructions:** |
| Medical Condition: |       |      **If symptoms worsen or do not improve:****➔ CALL 9-1-1****Call emergency contact** |
| Details:  |       |
| **Emergency Medication Information:** |
| Medication Name: |       |
| Expiration Date: |       |
| Location: |       |

|  |  |
| --- | --- |
| **CHILD MAY HAVE THE FOLLOWING SIGNS & SYMPTOMS:** | **EMERGENCY CONTACT INFO:** |
|       | **Name** | **Relationship** | **Cell Phone** | **Other Phone** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

*The undersigned parent/guardian authorizes any adult to administer emergency medication following the instructions outlined above to the above-named person in the event of an emergency, as described above. This protocol has been recommended by a physician/NP. The plan will be shared with appropriate facility/school personnel to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan.*

Parent/Guardian Date Doctor/Nurse Practitioner Date