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

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| --- | --- | --- | --- |
| **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: |  |

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