

Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Phone Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician treating student: \_\_\_\_\_ Phone \_\_\_\_\_

Other Physician: \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY PLAN

Medical Diagnosis: \_\_\_\_\_

Emergency action is necessary when the student has the following signs:

\_\_\_\_\_  
\_\_\_\_\_

*Steps to take if any of the above listed signs occur:*

## STUDENT — SPECIFIC EMERGENCY PLAN

If you see this:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do This

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_