

# EMERGENCY HEALTH CARE PLAN (2012-2013)

Student: \_\_\_\_\_

*picture*

Condition: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## IF AN EMERGENCY OCCURS

**IF YOU SEE THIS :**

**ACTION NEEDED :**

**PARENT:** Your signature acknowledges that you agree to the above interventions;

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

**PHYSICIAN:** \_\_\_\_\_ Phone: \_\_\_\_\_

*I approve of this care plan as written for this student;*

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

## EMERGENCY NUMBERS

1) \_\_\_\_\_  
*(Name) (Phone) (Relationship)*

2) \_\_\_\_\_  
*(Name) (Phone) (Relationship)*

3) \_\_\_\_\_  
*(Name) (Phone) (Relationship)*