

STUDENT WITH SPECIAL HEALTH CARE NEEDS



EMERGENCY PLAN / Diagnosis: _____

Student: _____

Date: _____

Birthdate: _____

School: _____

Preferred Hospital in case of an emergency: _____

*In case of serious illness / injury, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If neither the parent nor the designee can be reached and the situation is very serious, the school shall telephone the County Medical Emergency Unit (9-1-1) for immediate transportation to the nearest emergency treatment hospital. **Whenever possible, the parent's hospital preference will be observed.**

Parent Contact Info: _____

Healthcare Provider(s): _____ **Phone:** _____

_____ **Phone:** _____

What is this disease / condition / disorder?

If You See This	Do This

IF AN EMERGENCY OCCURS:

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the School Nurse and/or Principal.

WHEN CALLING 9-1-1:

1. State who you are.
2. State where you are (street address and exact location in the building).
3. State problem (Note: have copy of clinic card record available to send to ER).

TRAINED EMERGENCY RESPONDERS:

Signature of Physician or Authorized Medical Authority

Date

APS RN Review/Approval: _____ **Date:** _____