



# Dickinson Public School Emergency Plan

Student:

Date:

Birthdate:

Grade/School:

Preferred hospital in case of emergency:

Parent/Guardian:

Emergency Phone Number:

Physician:

Phone Number:

Student Specific Emergency/Diagnosis:

If you see this	Do this

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life threatening, immediately call 911.
2. Stay with the student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
  - a. State who you are.
  - b. State where you are.
  - c. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures.

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**COMMENTS:** \_\_\_\_\_  
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