

EMERGENCY CARE PLAN

Student: _____ Date: _____

Grade: _____ Date of Birth: _____ School: _____

Preferred hospital in case of emergency: _____

Parent/Guardian: _____

Phone numbers: (Home) _____ (Work) _____ (Cell) _____

Physician: _____ Clinic: _____ Phone: _____

Medical condition: _____

Usual treatment: _____

Signs of emergency: _____

Actions for the teacher to take: _____

If an emergency occurs:

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

I approve of the Emergency Care Plan and request school personnel to follow the above Emergency Care Plan in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this Emergency Care Plan.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend and save harmless the School Board, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above Emergency Care Plan from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the Emergency Care Plan.

Parent: _____ Date: _____

Adopted: 6/10/02