

2016-17 GENERIC EMERGENCY MEDICAL PLAN

For use with a child who does not have Anaphylaxis, Diabetes, Seizures or Asthma

(Child's Name) _____

MEDICAL CONDITION:

SYMPTOMS:

DANGER SIGNS:

- .
-

Student's photo

2 x 2.5

ACTION 1:

RESPONSE:

ACTION II:

MEDICATIONS/PRESCRIPTIONS:

TELEPHONE:

- Call ambulance—911— Say _____
- 911 directions to dispatcher

- (a) Directions to the school
- (b) Location of the child in the school, door to enter
- (c) Station someone outside to direct ambulance

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

A COPY OF THIS FORM SHOULD BE PLEACED IN TEACHER'S DAYBOOK AND TAKEN ON ALL FIELD TRIPS ALONG WITH ALL PRESCRIBED MEDICATION PROVIDED BY THE PARENT.

- Parent grants permission for a copy of this form be given to their child's bus driver, where applicable (elementary students only).