

EMERGENCY CARE PLAN – SAMPLE

Date: _____

Student: _____

School: _____ Birth date: _____ Grade: _____

Preferred Hospital in Case of Emergency _____ Phone: _____

Parent/Guardian:

_____ Phone:(h) _____

_____ Phone:(w) _____

Physician: _____ Phone: _____

Medical Condition: _____

Treatment Program: _____

Signs of Emergency: _____

Actions to take during emergency: _____

If an emergency occurs and is life-threatening, immediately call a designated emergency number.

- a. State who you are b. State where you are. c. State problem
- d. Stay with student or designate another adult to do so.
- e. Call or designate someone to call the hospital.

The following staff members are trained to deal with an emergency and to initiate the appropriate procedures:

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

Parent/Guardian: _____ Date: _____

Address: _____