## **EMERGENCY ACTION PLAN**

Student:	Medical Diagnosis:
Date of Birth: Teacher:	
Grade:	Allergies:
Physician:	Parent Contact:
Phone:	Home:
Preferred hospital:	Home:
	Other:
Plan for (specify condition):	
If you see this:	Do this:
If you see this: Student specific emergency	Do this:
if you see this. Student specific emergency	Do this.
DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL THE RESCUE	
SQUAD EVEN IF PARENTS CAN NOT BE REACHED!	
SQUAD EVEN IF FARENTS CAN NOT DE REACHED:	
This emergency action plan was prepared by the following nurse:	
RN's signature:	
RN's print name:	
Date:	