

STUDENTS WITH SPECIAL HEALTH CARE NEEDS **EMERGENCY PLAN NON-MEDICAL STAFF**

STUDENT NAME : _____ DOB: _____ TEACHER: _____ RM/GRADE : _____
PARENT/GUARDIAN: _____ PREFERRED HOSPITAL: _____
HOME PHONE #: _____ WORK #: _____ CELL #: _____
EMERGENCY CONTACT: _____ PHONE: _____ OTHER PHONE: _____
PHYSICIAN: _____ PHYSICIAN TEL: _____ PHYSICIAN FAX: _____

STUDENT-SPECIFIC EMERGENCIES

IF YOU SEE THIS

DO THIS

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IF AN EMERGENCY OCCURS:

1. If the emergency is life-threatening, immediately call 911.
2. Stay with 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.

DOCUMENTATION OF STAFF TRAINING

DATE:

TRAINED BY:

STAFF NAME:

