

**EMERGENCY MEDICAL CARE PLAN**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Classroom Teacher:** \_\_\_\_\_

**Home School District:** \_\_\_\_\_ **Parent(s)/Guardian(s):** \_\_\_\_\_

**Emergency Phone Numbers:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Hospital Phone Number (911)**

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**Medical Condition:** \_\_\_\_\_

**Medication(s):** \_\_\_\_\_

**Usual Treatment:** \_\_\_\_\_

**Signs of Emergency:**

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**Actions for Classroom Staff to take:**

- 1.
- 2.
- 3.
4. \_\_\_\_\_

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**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian)

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Physician)

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(school Nurse/RN)

**Date Reviewed with Classroom Staff:** \_\_\_\_\_

**EMERGENCY MEDICAL CARE PLAN  
ANECDOTAL RECORD**

**Name of Student:** \_\_\_\_\_

**Date & Time of Event:** \_\_\_\_\_

**What Happened:** \_\_\_\_\_

**Actions Taken by Classroom Staff (per protocol):** \_\_\_\_\_

**Student's Response to Emergency Measures:** \_\_\_\_\_

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**Principal Notified:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **School Nurse Notified:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Physician Notified:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Parent Notified:** \_\_\_\_\_ **Time:** \_\_\_\_\_