



Emergency Action Plan for Students with Medical Concerns

Name: _____

D.O.B. _____ Class _____

Teacher: _____ Room _____

Parent/Guardian: _____

Phone:(h) _____ (c) _____

Phone:(w) _____

Emergency Contacts:

Name/Relationship: _____

Phone: (h) _____ (c) _____

Name/Relationship: _____

Phone: (h) _____ (c) _____

Student's Physician: _____ Phone: _____

*** Medications Taken Daily at Home:**

	<u>Medicine</u>	<u>Dosage</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

A. EMERGENCY PLAN and AUTHORIZATION FOR MEDICATION TO BE ADMINISTERED IN SCHOOL

Emergency action is necessary when the student has symptoms such as _____

The following steps should be taken by the school nurse or principal/designee during an emergency:

Give listed EMERGENCY MEDICATIONS as COMPLETED BY PHYSICIAN:

	<u>Medicine</u>	Dosage	<u>When to Use</u>
1.	_____	_____	_____
2.	_____	_____	_____

B. SEEK EMERGENCY MEDICAL CARE **AND** CONTACT THE PARENT/GUARDIAN IF THE STUDENT HAS **ANY** OF THE FOLLOWING:

- Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child is hunched over
 - Child is struggling to breathe
- Trouble walking or talking
- Lips or fingernails are gray or blue
- Loss of consciousness
- Uncontrolled bleeding

IF ANY OF THESE OCCUR GET EMERGENCY HELP IMMEDIATELY! Call 911 or Hatzalah at (718 or 212)387-1750 or (718 or 212)230-1000

COMMENTS/SPECIAL INSTRUCTIONS

Physician Signature/Stamp _____ Date _____

Parent/Guardian Signature _____ Date _____