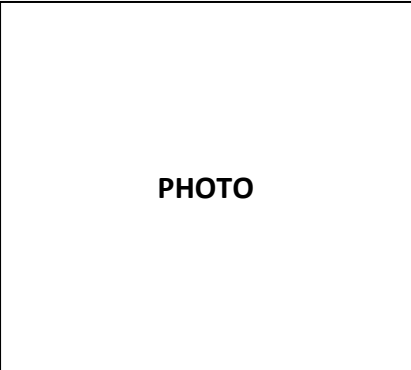


Emergency Action Plan

Child's Name: _____ Grade: _____ Div: _____ Birthdate: _____
 School Name: _____ School Address: _____

THIS PERSON HAS A SERIOUS (POTENTIALLY LIFE-THREATENING) MEDICAL CONDITION	EMERGENCY PLAN:
--	-----------------



Medical Condition: _____
Details: _____

Emergency Medication Information:
Medication Name: _____
Expiry Date: _____
Location: _____

Additional Information: _____

CHILD MAY HAVE THE FOLLOWING SIGNS & SYMPTOMS:	EMERGENCY CONTACT INFO:			
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Name	Relationship	Cell Phone	Other Phone

This protocol has been recommended by the student's Doctor/Nurse Practitioner. The plan will be shared with appropriate facility/school personnel to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan.

 Parent/Guardian Date

 Doctor/NP Signature