

# EMERGENCY CARE PLAN

Photo if needed

Student:

Medical Problem

Grade:                      Homeroom:                      DOB:

Address:

Ambulance:

Preferred Hospital:

Physician:

Mother:                                      Home Phone:                                      Work Phone:

Father:                                      Home Phone:                                      Work Phone:

Emergency Contacts:

Name:                                      Home Phone:                                      Work Phone:

Name:                                      Home Phone:                                      Work Phone:

Name:                                      Home Phone:                                      Work Phone:

Specific Medical Problem:

Management/Treatment of  
Medical Problem: