

**INDIVIDUALIZED EMERGENCY PLAN FOR STUDENTS
WITH SPECIAL NEEDS**

Student's Name: _____ Birth date _____

Grade _____ Teacher _____ Room _____

Parent's/Guardian's Name _____ Phone _____

Student's primary diagnosis or presenting problem _____

Student's primary care physician _____

Current Specialty physician _____ Phone _____

May the school nurse contact these physicians in case there are questions or concerns in making an emergency care plan for your child? Yes _____ No _____

Outline a step by step emergency plan for your child for each health problem.
The school nurse is available to assist you.

<u>Health Problem</u>	<u>Specific directions for an emergency</u>
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#1	1. 2. 3. 4.
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#2	1. 2. 3. 4.
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#3	1. 2. 3. 4.
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Please list all medications that your child is currently taking:

- 1.
- 2.
- 3.
- 4.

Parent Signature _____ Date _____

May the school nurse contact any of the above listed health professionals in the event of a concern or a question? Yes ____ No ____

Is your child prone to getting any particular health problem on a regular basis?

Is there a special way your child behaves when he/she is ill or about to become ill?

Comments or explanations of answers to any of the questions on this form:

Parent's/Guardian's Signature _____ Date _____