STUDENTS WITH SPECIAL HEALTH CARE NEEDS **EMERGENCY ACTION PLAN** Student: Date of Birth: Parent/Guardian Name(s): Phone (home/work/cell) #'s: Health Care Provider: Phone: Student Specific Emergencies: If You See This: Do This: IF AN EMERGENCY OCCURS: 1. If the emergency is life-threatening, initiate the plan as directed and call 9-1-1. 2. Stay with student or designate another adult to do so. 3. When calling for assistance from the school nurse and emergency personnel, state: Who you are Where you are · What the problem is 4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures:

Date:

Date:

Adapted From: Guidelines for Serving Students with Special Healthcare Needs, Utah State Office of Education, Aug. 1992

Parent/Guardian(s) Signature:

Nurse Signature: