

School District of Washington EMERGENCY PLAN

Student
Pic

**If a life threatening emergency, stay with the child and have someone call
EMS/911, school nurse and building principal**

Student's Name: _____ DOB: _____ Date: _____

School: _____ Teacher/Grade: _____

Medical Condition/Diagnosis: _____

Medications- please list all medications that your child is taking and directions for their use:

Please list symptoms that will alert us that your child is in distress and what action to take-

| | If you see this: | Do this: |
|----|------------------|----------|
| 1) | _____ | _____ |
| | _____ | _____ |
| 2) | _____ | _____ |
| | _____ | _____ |
| 3) | _____ | _____ |
| | _____ | _____ |

Contact Information

Mother/Guardian: _____ Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____ Address: _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider:

Name: _____ Address: _____

Telephone: _____ Emergency Number: _____