

DeLand (386) 734-7190

Daytona Beach (386) 255-6475

New Smyrna Beach (386) 427-5223

Osteen (407) 860-3322

## **EMERGENCY CARE PLAN**

Student:	t: Date:		Date:	
		Grade:		
Reason for Plan:	A	Allergies:		
This authorization is va	lid for this school year only unless	earlier date is specified:		
POSSIBLE EMERGE	NCV SITHATIONS:			
YOU SEE THIS:	net situations.	DO THIS:		
Emergency Informatio	urse available, the following are to  on:	se notified to determine ma	imponione.	
	s:	Phone:		
Mother:	Wo	ork#:	_ Home#:	
Other Contact:		nrk#	Home#.	
Local Hospital Emergen	ncy Room:	Phone:		
			ne:	
Specialists:		Phone:		
		FIIOI	ie	
AUTHORIZATION:			ne:	
	rmission for the physician and school	ol district personnel to exch	ange pertinent informa	
pertaining to this child's	condition/progress.			
Parent/Guardian	Date	Physician Signature	Date	
1 arony Guardian	Date	i nysician Signature	Daic	
Administrator	 Date	Nursing Supervisor Sign	nature Date	
Eme	rgency Care Plan should be revised	according to student's spec	ific needs.	
Emergency	Care plan forwarded to Transporta	tion, Date:		
1	-		I	

Revised: 5/18/2018 2004-308-EN Owner: Health Services Print Locally