

**Miscellaneous
Emergency Action Plan**

Child's Name:	DOB:
Parent's Name(s):	Daytime Ph/Cell
	Daytime Ph/Cell
2 nd Contact:	Daytime Ph/Cell
Doctor:	Office No.:
Teacher: Grade: Car#	School Nurse:

Name of Disease/Condition: _____

Date of Onset of Disease/Condition: _____

Briefly describe symptoms: _____

Action school personnel should take in caring for your child in the event these symptoms occur: _____

In the event your child suffers from the above symptoms and you (parent/guardian) are unavailable, what action should we take? _____

If your child were to require emergency care, your hospital of choice would be: _____

(Please note: In an emergency situation, rescue personnel must transport patients to the nearest hospital facility for care)

Medications taken at home: _____

Medications to be taken at school: _____

Medications that may need to be taken at school: _____

Anderson Creek Academy's Medication Administration policy requires that you provide the school a completed ***"Request for Medication Administration at School"*** form prior to any medication administration by either your child or school personnel. You may obtain this form from the school nurse or the office personnel at your child's school.

Are there any physical restrictions? _____

Additional Comments: _____

This information may be shared with school personnel and emergency service providers as deemed necessary unless you state otherwise in writing. I agree to inform school staff of any changes in my child's health that would warrant change in this action plan.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____