

Grade/Teacher _____

EMERGENCY HEALTH CARE PLAN

Place student's picture
here

Student _____ DOB ___/___/___

Parent/Guardian _____

Address _____

Phone numbers: home ___-___-___ Mom ___-___-___ Dad ___-___-___

Emergency contacts:

Name: _____ Relationship: _____ Phone: ___-___-___

Name: _____ Relationship: _____ Phone: ___-___-___

Name: _____ Relationship: _____ Phone: ___-___-___

Physician _____ Phone: ___-___-___

Specifics of Management

Medical Condition: _____

Usual Treatment: _____

Signs/Symptoms of **my Child's Emergency**:

Emergency Action that will be taken per State of Nebraska protocol:

1. Call 911
2. Give Epinepherine
3. Use Alberterol nebulizer