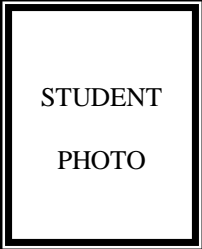


BALDWINVILLE CENTRAL SCHOOL DISTRICT

EMERGENCY CARE PLAN

GENERAL INFORMATION



Date Plan Written _____

Name _____ DOB _____

Teacher _____ Bus Route _____ Grade _____

Parent/Guardian Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY AND PHYSICIAN CONTACTS

Emergency Contact #1 _____
Name Relationship Phone

Emergency Contact #2 _____
Name Relationship Phone

Emergency Contact #3 _____
Name Relationship Phone

Primary Physician _____
Name Phone

Other Physician _____
Name Phone

Medical Condition & Symptoms To Be Aware Of: _____

Usual Treatment: _____

Emergency Plan: _____

Parent Signature: _____

Physician Signature: _____

Staff:

1. Stay with student. Use appropriate first aid techniques that you know.
2. Have someone else call 911.

Principal Notified: _____ (time)

School Nurse Notified: _____ (time)

Doctor Notified: _____ (time)

Parent/Guardian Notified: _____ (time)