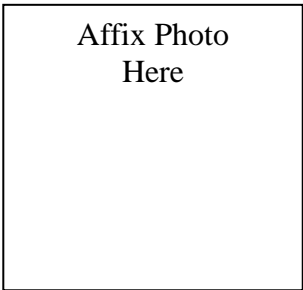




# STUDENT HEALTH PLAN 2019 Emergency Response Plan



**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Medical Condition/Allergy:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prescribed Medication:** \_\_\_\_\_

**Symptoms/signs to watch for:** \_\_\_\_\_

\_\_\_\_\_

## Management Plan:

**Step 1:** \_\_\_\_\_

\_\_\_\_\_

**Step 2:** \_\_\_\_\_

\_\_\_\_\_

**Step 3:** \_\_\_\_\_

\_\_\_\_\_

## Parent Contacts:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

## Doctor Details:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_