

EMERGENCY MEDICAL RESPONSE PLAN-UNIVERSAL

Student Name _____ Birthdate _____ Grade _____ Height _____ Weight _____

Parent _____ Emergency Phone Numbers _____

Physician's Name _____ Phone Number _____

Preferred Hospital _____ Phone Number (911) or _____

Medical Insurance/Policy Number (optional) _____

MEDICAL CONDITION: _____

USUAL TREATMENT: _____

STUDENT SPECIFIC EMERGENCIES

<i>If You See This</i>	<i>Do This</i>

IF AN EMERGENCY OCCURS:

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the health aide/main office (walkie-talkie 9-2) or office intercom.
 - State who you are.
 - State where you are.
 - State problem-give student name, homeroom, location, emergency.
4. The following staff members are trained to deal with this emergency.

_____ room _____ room _____
 _____ room _____ room _____

 It is the parents' responsibility to notify and provide the IECP to the appropriate transportation district and after-school functions.

Date of event: _____

Student's response to emergency measures: _____

Signatures:

Physician _____ date _____

Parent _____ date _____

Health Aide _____ date _____

Copies:

- Parent
 Physician
 Health Aide
 Teacher(s)
 PE
 Library
 Music/Band
 Art
 Computer
 Spanish
 Cafeteria
 Auxiliary
 Recess Aide
 Office/Principal
 Transportation (provided by Parent/guardian)