



MEDICAL EMERGENCY PROCEDURE

Student's Name Grade School Teacher

Home Address Home Phone Birth Date

Physician's Name Doctor's Phone Number

MEDICAL PROBLEM: _____

SYMPTOMS TO LOOK FOR: _____

EMERGENCY PLAN TO FOLLOW: (including phone numbers when needed)

1. 911 _____
2. _____
3. _____
4. _____
5. _____

DATE

Parent's Signature

Physician's Signature