

PINE HILL SCHOOLS
EMERGENCY HEALTH CARE PLAN

STUDENT _____ DOB _____

ALLERGY TO _____

Preferred Hospital in case of emergency _____

Health Care Provider _____ Phone _____

High risk for severe reaction Yes _____ No _____

STUDENT SPECIFIC EMERGENCIES

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

ACTION

1. If ingestion or sting is suspected, give _____
medication/dose/route
and _____ immediately.

2. CALL 911

3. CALL Mother _____ Father _____ or emergency contacts
_____.

4. CALL Dr. _____ at _____.

PHYSICIAN'S SIGNATURE _____ DATE _____

The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures:

I, _____ give permission for my child to receive Epi-Pen via injection. I release the school district from any liability as it pertains to the administration of Epi-Pen by the school nurse or trained designee.