

EMERGENCY PLAN

Ventura County SELPA

EMERGENCY PLAN FOR _____
(situation)

Date: _____

Student Name: _____ Date of Birth: _____ School: _____

Preferred hospital in case of emergency: _____

Physician Name: _____ Physician Phone: _____

Parent/Guardian Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Pager: _____ Cell Phone: _____

School Nurse: _____ Pager: _____ Cell Phone: _____

Medications: _____ Allergies: _____

IF YOU SEE THIS	DO THIS
<u>Signs and Symptoms</u>	<u>Response Action</u>

Use standard precautions when dealing with body fluids.

Call 911 for life threatening emergency. Stay with student or designate another adult to do so. Provide ongoing care to student. Notify principal or school nurse.

The following staff are trained and deemed competent to deal with this emergency situation. Remember to maintain documentation of incident, response, and follow-up.

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Copies: Original-site District