

HEALTH/EMERGENCY PLAN FOR STUDENT WITH SPECIAL HEALTH CARE NEEDS

Ventura County SELPA IEP

Student Name _____ D.O.B. _____ IEP Meeting Date _____

Parent/Guardian Name _____ Address _____ e-mail _____

Home phone _____ Cell phone _____ Work Phone _____

Parent/Guardian Name _____ Address _____ e-mail _____

Home phone _____ Cell phone _____ Work Phone _____

Health Care Providers: Name/phone _____ Name/phone _____

Name/phone _____ Name/phone _____

Plan Prepared by _____, RN Cell phone _____ Work Phone _____

Plan Type: **Emergency Plan** **Health Care Plan**

Date Written _____ Dates Revised _____

STUDENT - SPECIFIC EMERGENCIES: _____

Medications:	
Allergies:	
History:	

IF YOU SEE THIS	DO THIS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

IF AN EMERGENCY OCCURS: Call 9-1-1 for life threatening emergency. Stay with student or designate another adult to do so. Provide ongoing care to student. Call principal and/or school nurse.

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