



Dr. Lynette Mehall
Principal

Mr. Daniel Lamboley
Associate Principal

Mr. Kenneth C. Lee
Assistant Principal

STUDENTS WITH SPECIAL HEALTH CARE NEEDS EMERGENCY PLAN

Student: _____ Date: _____

Birthdate: _____

Preferred Hospital in case of Emergency: _____

Healthcare Provider: _____

STUDENT SPECIFIC EMERGENCY: _____

IF YOU SEE THIS:	DO THIS:

Parent/Guardian signature: _____

Physician signature: _____

If an Emergency Occurs:

1. If the emergency is life-threatening, immediately call 9-1-1
 - a. Call parents
 - b. Provide EMS with a copy of DNR order.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
 - a. State who you are.
 - b. State where you are.
 - c. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures:
 - a. School Nurse
 - b. Principal
 - c. Assistant/Associate Principal

Adapted from: *Guidelines for Serving Students with Special Healthcare Needs*,
Utah State Office of Education, August 1992