

GILBERT CSD
EMERGENCY ACTION PLAN

Student Name _____ Grade _____ Birthdate _____
Parent/Guardian _____ Home Phone _____
Parents Employment
Mother _____ Phone _____
Father _____ Phone _____
Physician _____ Phone _____ Dentist
_____ Phone _____
Ambulance _____ Hospital _____
Medical Insurance _____ Insurance # _____

Allergies: _____

Usual Medications (dosage, time, route): _____

Medical Condition(s): _____

Usual Treatments and Procedures: _____

Signs of an Emergency	Emergency Action Plan

In the event the school nurse is unavailable, the following individuals are trained to deal with this student's emergency:

Notify: School Nurse
Building Principal

Approved: June 12, 2017