



## qathet School District Emergency Action Plan

Student Information					
<b>Student's Name:</b>		<b>Date of Birth:</b> (mm/dd/yy)		<b>Division:</b>	
<b>School/Facility Name:</b>		<b>School/Facility Address:</b>			
<b>This person has a serious (potentially life-threatening) medical condition</b>			<b>Emergency plan:</b>		
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">PHOTO</span> </div>	<b>Medical Condition:</b>				
	<b>Details:</b>				
	<b>Emergency Medication Information:</b>				
	<b>Medication Name:</b>				
	<b>Expiry Date:</b>				
<b>Location:</b>					
Additional Information:					
Student may have the following signs & symptoms:		Emergency Contact Information:			
		Name	Relationship	Cell phone #:	Other phone #:
Consent					
This protocol has been recommended by the student's Doctor/Nurse Practitioner. The plan will be shared with appropriate facility/school personnel to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan.					
<b>Parent/Guardian Signature:</b>			<b>Date signed:</b> (mm/dd/yy)		