

qathet School District Emergency Action Plan



Student Information					
Student's Name:		Date of Birth: (mm/dd/yy)		Division:	
School/Facility Name:		School/Facility Address:			
This person has a serious (potentially life-threatening) medical condition		Emergency plan:			
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> PHOTO </div>	Medical Condition:				
	Details:				
	Emergency Medication Information:				
	Medication Name:				
	Expiry Date:				
Location:					
Additional Information:					
Student may have the following signs & symptoms:		Emergency Contact Information:			
		Name	Relationship	Cell phone #:	Other phone #:
Consent					
<p>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.</p>					
Parent/Guardian Signature:			Date signed: (mm/dd/yy)		