



# LACORDAIRE ACADEMY

## **EMERGENCY PLAN** **FOR STUDENTS WITH** **SPECIAL HEALTH CARE NEEDS**

*Including but not limited to: Seizure disorder, Sickle Cell Disease, Blood Diseases, Diabetes.*

Name: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Home and Emergency Phone #'s: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_

### **STUDENT SPECIFIC EMERGENCY CARE PLAN:**

IF YOU SEE THIS	DO THIS

### **IF AN EMERGENCY OCCURS:**

1. If the emergency is life threatening, do not hesitate to immediately call **911**.
2. Call or designate someone to call the nurse and the principal. State who you are and where you are and the problem you see.
3. ALWAYS STAY WITH STUDENT OR DESIGNATE ANOTHER ADULT TO DO SO.

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To insure your child's safety at school, this medical information may need to be shared with school staff members on a need to know basis. By signing below you acknowledge that the school nurse may share the medical information noted above.

\_\_\_\_\_  
Parent/Caregiver Signature/Date

\_\_\_\_\_  
Physician's Signature/Date

Physician Office Stamp