



Individual Emergency Plan

Extreme Medical Condition Emergency Plan

Student Name: _____ Grade: _____

Homeroom Teacher: _____ ABH#: _____

Guidelines

1. To provide a safe environment for all individuals with extreme, life-threatening allergies or medical conditions (ie. anaphylaxis or diabetes), parents/legal guardians need to identify at-risk students to the Principal.
2. Once identified, a record will be kept for each person at risk of life-threatening allergies or medical conditions.
3. Parents of students with anaphylaxis allergies are expected to provide and maintain a current epi-pen. These students are expected to wear their epi-pen on their person at all times.
4. Parents of students with diabetes are expected to provide and maintain a glucose monitor and strips as well as emergency snacks.

Statement of Diagnosis

I, _____, state that my child, _____ has the following extreme medical condition diagnosed by a doctor (checked below):

___ anaphylaxis allergy to: _____

___ diabetes

___ other (please specify): _____

Current Treatment

Emergency Procedure

Emergency Contact Information

Contact Name: _____ Home# : _____ Cell #: _____

Doctor's Name: _____ Doctor's #: _____

Consent

I, _____, consent to allowing school personnel to action the emergency procedures I have provided to the Principal, which could involve contacting 911, with the understanding that ambulance and other fees will be my responsibility. I also commit to ensuring that emergency information is updated throughout the year as needed.

Parent Signature: _____ Date: _____

