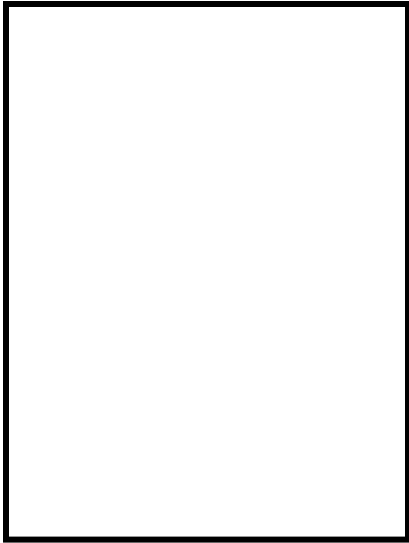


INDIVIDUAL MEDICAL EMERGENCY PLAN

Protocol I

STUDENT NAME:		
MEDICAL CONDITION:		
SYMPTOMS:		
NAME/LOCATION/DOSE OF MEDICATION:		
EMERGENCY PROCEDURES:		
ALLERGIES:		
EMERGENCY CONTACT NAME: Home: Cell: Work:		
EMERGENCY CONTACT NAME: Home: Cell: Work:		

This plan was developed on _____ and will be reviewed on an annual basis (or earlier) at the request of either the school or parent or Health Professional.

Signatures:

Parent(s)/Guardians

Health Professional

Principal

Individual Medical Emergency Plan – See Reverse for Outline

Emergency Numbers	DIAL 9-1-1
Ambulance:	
Hospital Emergency:	
Fire Department Number:	
Police:	

Student School Location:	
School Phone Number:	

Individual Information	
Name:	
Date of Birth:	
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Grade:	
Student Home Address:	
Health Card Number:	
Physician Name:	
Physician Phone Number:	

Persons Informed of Plan	Training Required	Date Given	By Whom
Parent(s)/Guardian	Y <input type="checkbox"/> N <input type="checkbox"/>		
ALL School Staff	Y <input type="checkbox"/> N <input type="checkbox"/>		
Volunteers	Y <input type="checkbox"/> N <input type="checkbox"/>		
Public Health Nurse	Y <input type="checkbox"/> N <input type="checkbox"/>		
Emergency Response Personnel	Y <input type="checkbox"/> N <input type="checkbox"/>		

Copies of the Plan are filed with the following:	Date Forwarded:
Parent(s) / Guardian(s)	
Ontario Student Record	
Principal	

There is a statement from the Doctor in the OSR (Ontario Student Record) outlining the nature of the condition and any steps to be taken: Y N

Attachments (if any): Please list here and attach.