



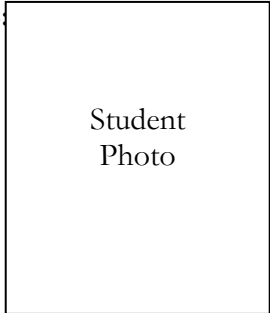
# Emergency Care Plan

## TRANSPLANT RECIPIENTS

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_ MHome #: \_\_\_\_\_ MWork #: \_\_\_\_\_ MCell #: \_\_\_\_\_  
 Father: \_\_\_\_\_ FHome #: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### SYMPTOMS OF IMMEDIATE MEDICAL CARE MAY INCLUDE ANY/ALL OF THESE:

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- 
- 



Student  
Photo

### STAFF MEMBERS INSTRUCTED:

- Administration       Classroom Teacher(s)       Special Area Teacher(s)  
 Support Staff       Transportation Staff

**TREATMENT:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Call school nurse. Call parent/guardian if off school grounds.

Preferred Hospital if transported: \_\_\_\_\_

**Transportation Plan:**  Medication available on bus     Medication NOT available on bus     Does not ride bus

Special instructions: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy provided to Parent       Copy sent to Healthcare Provider

*This plan is in effect for the current school year and summer school as needed.*