Emergency action plan

Utah Department of Health and Human Services
Utah State Board of Education

School year:	Student photo:

Student name:		Date of birth:	Grade:
School:	Homeroom:	School phone:	School fax:

Demographic information (Parent/Guardian)

Student's cell phone #:

Parent #1 name:	Phone:	Email:
Parent #2 name:	Phone:	Email:

Brief medical history

Medical diagnosis:

A brief description of the condition or concern:

Baseline status:

Emergency action plan

If you see this: Signs and symptoms to watch for	**Do this:** Immediate actions to take

Emergency protocol	**Expected behavior after event**	**Follow up**
☐ Call 911 ☐ Transport to: ☐ Call parent or emergency contact ☐ Administer emergency medications ☐ Other (specify):	☐ Tiredness ☐ Weakness ☐ Sleeping, difficult to arouse ☐ Regular breathing ☐ Other (specify):	☐ Document ☐ Call school nurse ☐ Other (specify):

Student name: Date of birth:

Special considerations
Does the student have special healthcare needs that school staff should be aware of? (Examples: tube feedings, oxygen use, respiratory support, seizure precautions, etc.) ☐ No ☐ Yes — please describe:
2. Are there any special considerations or precautions needed during the school day? ☐ No ☐ Yes — please describe:
3. Does the student require special care during transportation? ☐ No ☐ Yes — please describe:

Medications:

Note: This form alone is not a valid medication authorization

If medication is ordered, a separate Medication Authorization Form must be completed, signed by the healthcare provider, and returned to the school.

Emergency or rescue medications

Medication	Dose	Route	Time	Side effects

Person to give rescue medication: ☐ School nurse ☐ EMS ☐ Parent ☐ Volunteer (specify):

Location of rescue medication:

Routine medications (see above statement)

Person to give routine medication at school: ☐ School nurse ☐ School staff (Specify):

Medication	Taken at home or school?	Dose	Route	Time	Side effects

Location of routine medication:

Equipment instructions: if applicable

School nurse contact:	Phone	Email:
Parent name:	Phone:	Email:
Parent name:	Phone:	Email:
Name of healthcare provider:		Phone:
Clinic name:		Fax: