

WASHINGTON YOUTH ACADEMY
EMERGENCY HEALTH CARE PLAN

NAME OF HEALTH ISSUE: _____

Mother: _____ MHome: _____ MWork: _____ MCell: _____

Father: _____ FHome: _____ FWork: _____ FCell: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN EMERGENCY MAY INCLUDE ANY / ALL OF THESE:

SIGNS OF AN EMERGENCY:

STAFF MEMBERS INSTRUCTED: Classroom Teacher Administration

TREATMENT:

STEPS TO FOLLOW FOR AN EMERGENCY:

Health Care Provider: _____ Phone: _____

Copy provided to Parent

Copy sent to Health Care Provider

Parent/Guardian Signature to share with Provider and School Staff: _____

This plan is in effect for the current school year (school year ends in June).