

Richland Parish School Board

STUDENT INFORMATION/ EMERGENCY PLAN

Name: _____ Sex: _____ DOB: _____
School: _____ Grade: _____ Mailing Address: _____
Mother: _____ Phone: _____ Cell/other: _____ Work: _____
Father: _____ Phone: _____ Cell/other: _____ Work: _____

Emergency Contacts	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES: _____

Emergency/routine medication taken at school: _____
Medication located----(Check one): On student's person _____ School Office _____
Reason(s) medication is to be taken: _____
Other medication taken by student at home: _____
Medical/health problems/conditions: _____
Child's doctor(s): _____ Phone: _____

School nurse to complete if student takes medication @ school:
Can the administration of the student's medication(s) be safely delegated at school? YES _____ NO _____
School Nurse's Signature: _____ Date: _____

STUDENT SPECIFIC EMERGENCIES (If applicable)

IF YOU SEE THIS:

DO THIS:

If an emergency occurs:

1. If the emergency is life threatening, immediately call 911 or ambulance.
2. Stay with the student of designate another to do so.
3. Call or designate someone to call the principal, the parents, and/or the school nurse.

I am aware that if my child has an emergency in school, and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.

Date: _____ Parent signature: _____
Date: _____ School nurse signature: _____