

**Mahnomen Public Schools
Emergency Care Plan**

Date _____

Date of Reevaluation _____

Name _____

Parent's Name _____

DOB _____

Work _____

Home _____

Health Care Provider _____

Phone Number _____

Medical Diagnosis _____

<u>Symptoms</u>	<u>Actions to Take</u>

This information will be shared with school staff and be kept in a file in the health office and shared with those that work with your child. Emergency care will be provided for your child's medical condition as directed I this plan.

Signatures: Parent/Guardian _____

School Nurse _____

Physician _____