Emergency Health Care Plan

Student's name: _____DOB_____

Teacher's name: _____Grade_____ Date_____

Diagnosis: _____

History of Problem: _____
_____
_____
_____
_____

Action:
1._____
2._____
3._____

Emergency Contacts:

Parent 1: (print name) _____
      home_____ **work**_____
      cell_____

Parent 2: (print name) _____
      home_____ **work**_____
      cell_____

Contact: (relationship) _____
      home_____ **work**_____
      cell_____

Contact: (relationship) _____
      home_____ **work**_____
      cell_____

Contact: (relationship) _____
      home_____ **work**_____
      cell_____

Physician: (print name) _____
      office phone_____

Parent's signature: _____Date_____

QUAKER **WORKS**

LOWER SCHOOL | 228 OLD GULPH ROAD | WYNNEWOOD, PA 19096 | 610.642.7575
MIDDLE/UPPER SCHOOL | 1101 CITY AVENUE | WYNNEWOOD, PA 19096 | 610.649.7440

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