

# EMERGENCY HEALTH CARE PLAN

Medical Issue \_\_\_\_\_

Student's Name: \_\_\_\_\_

Child Care Center: St. James School for Little Folks Date: \_\_\_\_\_

## EMERGENCY TREATMENT

If student experiences mild symptoms of:

### Treatment:

1. Give \_\_\_\_\_ of \_\_\_\_\_ by mouth.  
dose
2. Contact the parent or emergency contact person. If not available notify \_\_\_\_\_ or EMS  
MD
3. Stay with the child, keep child quiet, and monitor symptoms, until parent arrives.

Special Instructions (for health care provider to complete):

An over the counter medication like \_\_\_\_\_ may be used if above noted medicine is not returned to the center by the parent.

Symptoms that progress can cause a life threatening reaction:

### Treatment:

1. Call 911
2. Contact parents or emergency contact person.  
If parents are unavailable, center personnel should accompany the child to the hospital.
3. Monitor symptoms until EMS arrives

Special Instructions (for health care provider to complete):

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_