

Seven Generations Charter School
Emergency Care Plan

Name: _____ DOB: _____

School: Seven Generations Charter School Grade: _____

Parent/Guardian Emergency Contact: _____

Telephone (h): _____ (w): _____ (cell) _____

Parent/Guardian Emergency Contact: _____

Telephone (h): _____ (w): _____ (cell) _____

Emergency Contact (if Parent/Guardian not available)/Relationship/Telephone Number:

Healthcare Provider/Telephone: _____

KNOWN ALLERGIES: _____

HEALTH PROBLEM: _____

IN A HEALTH EMERGENCY (STUDENT) LOOKS LIKE:

PLEASE DO THE FOLLOWING:

Parent/Guardian Signature: _____ Date: _____

Certified School Nurse Signature: _____ Date: _____