

PINE HILL SCHOOLS
EMERGENCY HEALTH CARE PLAN

STUDENT _____ DOB _____

ALLERGY TO: _____ Preferred Hospital _____

Health Care Provider _____ Phone _____

High risk for severe reaction Yes _____ No _____

STUDENT SPECIFIC EMERGENCIES

<i><u>If You See This</u></i>	<i><u>Do This</u></i>

ACTION

1. If ingestion or sting is suspected, give (medication/dose/route) _____
_____ and call _____ immediately.
2. CALL 9-1-1
3. CALL Parent _____ Phone # _____
Parent _____ Phone # _____
Or Emergency Contacts _____ Phone # _____
4. CALL Dr. _____ Phone # _____

PHYSICIAN'S SIGNATURE _____ DATE _____

I, _____ give permission for my child to receive Epi-pen via injection.
I release the school district from any liability as it pertains to the administration of Epi-pen by the school
nurse or trained designee.

Parent/Guardian's signature

Date