



Emergency Care Plan

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student _____ School _____
Birthdate _____ Grade _____ Teacher _____
Parent/Guardian _____ Preferred Hospital _____
Home Phone # _____ Work # _____ Cell # _____
Emergency Contact _____ Phone #1 _____ #2 _____
Physician _____ Phone _____ Fax _____

**♦ STUDENT SPECIFIC EMERGENCIES:
IF THIS HAPPENS:**

DO THIS:

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If an Emergency Occurs:

1. If life threatening, immediately call 9 1 1
2. Stay with student or designate another adult to do so
3. Call or designate someone to call the principal and/or school nurse
 - a. State **YOUR** name
 - b. State **WHERE** you are
 - c. State **PROBLEM**

TRAINING:

Date _____ **Trainer:** _____ **Staff Name:** _____

Date _____ **Trainer:** _____ **Staff Name:** _____