

NORTHSHORE CHRISTIAN ACADEMY

Early Learning Center

A Ministry of Northshore Christian Church www.nca.school

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EARLY LEARNING
CENTER

Medical Emergency Plan

Student _____ Date _____

Diagnosis _____

Classification of Condition (Please Check One) Mild _____ Severe _____

Medication _____

Date of birth _____ Grade _____ Teacher _____

Parent _____ Phone number _____

Preferred Hospital _____

Health Care Provider _____ Phone Number _____

Student Specific Emergencies:

<u>IF YOU SEE THIS</u>	<u>DO THIS</u>
Symptoms of a Minor Reaction:	Action for a Minor Reaction:
	(If condition does not improve within 10 Minutes, follow steps for a Major Reaction below.)
Symptoms of a Major Reaction:	Action for a Major Reaction:

Have you turned in an Authorization for Medication Form? Yes _____ No _____

Location of EpiPen: _____

IF AN EMERGENCY OCCURS:

1. Stay with student or designate another adult to do so.
2. Call or designate someone to call the office manager, principal, school nurse, or 911.
 - a. State who you are
 - b. State where you are
 - c. State problem

The emergency plan has been distributed to the following:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Parents | <input type="checkbox"/> PE Teacher | <input type="checkbox"/> Music Teacher |
| <input type="checkbox"/> Office | <input type="checkbox"/> Principal/Vice Principals | <input type="checkbox"/> Playground Supervisor | <input type="checkbox"/> Lunchroom Supervisor |
| <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Specialists | |