



North Thurston Public Schools Emergency Action Plan/504 Plan

Student _____ Birthday _____ Home Phone _____
 Parent/Guardian _____ Work Phone _____ Cell Phone _____
 Parent/Guardian _____ Work Phone _____ Cell Phone _____
 Home Address _____ City _____ Zip _____

Alternate Person(s) to be Notified in Case of Emergency

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Contact Licensed Health Professional

1st Choice _____ Phone _____ 2nd Choice _____ Phone _____

Diagnosis

Medication/Allergy Information

	<u>Medication</u>	<u>Dosage/Time Given</u>	<u>Allergies</u>	<u>Medication/Treatment</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Check if continued on reverse side

Emergency Action Plan Steps

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Check if continued on reverse side

My signature indicates my involvement in the plan and information provided above. I have agreed to the training of designated school personnel by the registered nurse to carry out indicated steps of the Emergency Action Plan. To accomplish completion of this form, I authorize release of medical records for the named student to the North Thurston Public Schools.

✓ **Parent/Guardian Signature** _____ **Date:** _____

North Thurston Public Schools

Emergency Action Plan - continued

1. If the parents and authorized physician named on this form cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the pupil (properly accompanied) for treatment to the hospital most easily accessible? [] Yes [] No

2. Do you agree to be financially responsible for all expenses incurred for treatment under the circumstances described above? [] Yes [] No

3. Name of Insurance Company: _____ I.D.# _____

4. If the answers to any of the above questions are NO, please explain below what action you desire school authorities to take.

✓ Parent/Guardian Signature _____ Date _____

Additional Information/Interventions/Accommodations

Note: Please use this space for additional information as denoted by checking the boxes on the front of this form.

[Lined area for additional information]

✓ [] Check box if this form serves as a 504 Plan and sign below:

Parent/Guardian Signature _____ Date: _____

School Nurse Signature _____ Date: _____

Counselor/Intervention Specialist Signature _____ Date: _____