

# Richland Parish School Board

## STUDENT INFORMATION/ EMERGENCY PLAN

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/other: \_\_\_\_\_ Work: \_\_\_\_\_  
Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/other: \_\_\_\_\_ Work: \_\_\_\_\_  
Emergency Contacts Relationship Phone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

ALLERGIES: \_\_\_\_\_

\*\*\*\*\*

Emergency/routine medication taken at school: \_\_\_\_\_

Medication located-----(Check one): On student's person \_\_\_\_\_ School Office \_\_\_\_\_

Reason(s) medication is to be taken: \_\_\_\_\_

Other medication taken by student at home: \_\_\_\_\_

Medical/health problems/conditions: \_\_\_\_\_

Child's doctor(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**School nurse to complete if student takes medication @ school:**

Can the administration of the student's medication(s) be safely delegated at school? YES \_\_\_\_\_ NO \_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT SPECIFIC EMERGENCIES (If applicable)

#### IF YOU SEE THIS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DO THIS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### If an emergency occurs:

1. If the emergency is life threatening, immediately call 911 or ambulance.

2. Stay with the student of designate another to do so.

3. Call or designate someone to call the principal, the parents, and/or the school nurse.

I am aware that if my child has an emergency in school, and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.

Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_ School nurse signature: \_\_\_\_\_