



Canandaigua  
City School District

UPK, K 1, 2 School Health Office  
3, 4, 5 School Health Office  
Middle School Health Office  
Academy School Health Office

Telephone  
585-396-3940  
585-396-3910  
585-396-3860  
585-396-3820

Fax  
585-396-3779  
585-396-3954  
585-396-3874  
585-396-3957

Photo

## Emergency Care Plan (Severe Health Issues)

Diagnosis \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Mother: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Father: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SYMPTOMS OF AN EMERGENCY MAY INCLUDE ANY/ALL OF THESE:**

**SIGNS OF AN EMERGENCY:**

**STAFF MEMBERS INSTRUCTED:** \_\_\_\_\_ Classroom Teacher(s) \_\_\_\_\_ Special Area Teacher(s)  
\_\_\_\_\_ Administration \_\_\_\_\_ Support Staff \_\_\_\_\_ Transportation Staff

TREATMENT:

STEPS TO FOLLOW FOR AN EMERGENCY:

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Written by: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Copy provided to Parent \_\_\_\_\_ Copy sent to Healthcare Provider

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_