Student Emergency Health Plan Independent School District 279

Student Name	Date		
Health Condition: Student Address:	:		
Parent/Guardian Inform	ation: Home	Work	Other
	Home	Work	Other
Other Contact	, . I	Phone	
Physician	· I	Phone	
Physician	F	Phone	
Hospital Choice			
If the nurse is unavailable	e, the following s	taff members are train	ed to initiate the emergency plan:
If you see this:		Do this:	
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