



# EMERGENCY CARE PLAN

## Eden Central School District

3150 Schoolview Road  
Eden, New York 14057

Mr. Jeffrey A. Sortisio  
Superintendent  
(716) 992-3629

Mrs. Merrie Maxon  
Director of Pupil Personnel Services  
(716) 992-3645

### Emergency Care Plan

Student Information		
Name:		Date of Plan: _____
School:		
Grade:		Grade <input type="checkbox"/> N/A
<b>Medical Conditions:</b>	<b>Medications:</b>	
<b>Emergency Contact Information</b>		
Name	Relationship	Phone
Name	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (List Relationship) _____	
Name	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (List Relationship) _____	
Name	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (List relationship) _____	
If Student Complains or You See This:	Take These Actions:	Notes:
	Notify Nurse if Available at: _____	

Health Care Provider:	Phone:
School Nurse: Darlene Smith RN, BSN	School: Eden Elementary School
Phone: 716-992-3611 Fax: 716-992-3672	Email: <a href="mailto:dsmith@edencsd.org">dsmith@edencsd.org</a>
Date:	<input type="checkbox"/> Copy provided to Parent
Parent/Guardian Signature to share this plan with Provider and School Staff:	