



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
Medical Conditions:		Medications:
Emergency Contact Information		
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: Kathleen McKinnon RN, BSN	School: Eden Middle/High School
Phone:716-992-3615 Fax:716-992-3671	Email: kmckinnon@edencsd.org
Date:	<input type="checkbox"/> Copy provided to Parent
Parent/Guardian Signature to share this plan with Provider and School Staff:	