

<b>MEDICAL EMERGENCY PROTOCOL</b>	
<b>DATE:</b>	
<b>STUDENT</b>	<b>BIRTHDATE</b>
<b>PRIMARY PHYSICIAN</b>	<b>MEDICAL SPECIALIST</b>
<b>DIAGNOSIS</b>	
<b>EMERGENCY PROTOCOL</b>	
<b>What constitutes an emergency for this child?</b>	
<b>Who is to be notified? (include name and phone)</b>	
<b>What interventions are to be performed at school?</b>	
<b>When should transport to emergency facility occur?</b>	
<b>SPECIAL CONSIDERATIONS</b>	
<b>Physician's Signature:</b>	<b>Date:</b>