BAIS YAAKOV SCHOOL FOR GIRLS

RABBI BENJAMIN STEINBERG MIDDLE SCHOOL • PH 443.548.7700 X 2

BYMS Medical Emergency Action Plan

Name of Student:_____

Date of Birth:_____ **Grade:**_____ **School Year:**_____

Diagnosis:_____

Please describe circumstances and/or symptoms that would require student to receive treatment:_____

_____

_____

Treatment Plan:

_____

_____

Medication Dosage (if part of treatment plan):_____

_____

_____

Emergency Contacts:

Parent Name:_____ **Phone number:**_____

Parent Name:_____ **Phone number:**_____

Other Name/Relationship:_____ **Phone Number:** _____

Other Name/Relationship:_____ **Phone Number:** _____

Authorized Staff will administer treatment even if parent/guardian cannot be reached.

Parent/Guardian Signature_____**Date:**_____

Physician Signature_____**Date:**_____