

**Archway Programs  
Just Kids**

**HEALTH EMERGENCY PLAN**

Students With Special Health Care Needs

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Preferred hospital in case of emergency: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Condition requiring plan: \_\_\_\_\_

**STUDENT-SPECIFIC EMERGENCIES**

If You See This	Do This
1	
2	
3	
4	
5	
6	

Emergency Contact Person: Name/ relation to child	Phone Numbers

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date