

Mamaroneck Union Free School District
EMERGENCY ACTION PLAN

Student's name: _____ DOB: _____ Grade/class/cnslr: _____

School: [] Central [] Chatsworth [] Mamaroneck Avenue [] Murray [] Hommocks [] High School [] Other _____

[] Injury [] Surgery Description: _____

PHOTO ID

Preferred hospital in case of emergency: _____

Father/Guardian: _____ (H) _____

(C): _____ (W) _____

Mother/Guardian: _____ (H) _____

(C): _____ (W) _____

Emergency Contact: (H) _____

(C): _____ (W) _____

Physician: _____ Phone: _____



STAFF ACTION: (NURSE TO COMPLETE):

1. This student should be getting around the building by:

*Crutches _____ *Wheelchair w/ assistance _____ *Other (please list): _____
_____ Elevator Use

These restrictions apply from : (date) _____ to (date) _____.

- 2. Please allow student to leave class at least 5 minutes before bell to avoid hall traffic.
3. Please allow student to come and rest in health office as needed.
4. Notify health office of any concerns.
5. Provide elevator keys/pass if applicable.

6. Have teacher/administrator identify individuals to assist student during an emergency. These individuals are responsible to move the student to a safe area during an emergency.

Parent is responsible for:

- A note from your child's medical provider stating he/she can return to school & list any restrictions/accommodations needed during the school day (crutches, etc) prior to his/her return to school. Medical notes can be faxed directly to the Health Office. We have attached a physician clearance letter which your physician can complete & fax directly to the Health Office.
Please notify the attendance office of your child's absences.
Parent is responsible for providing assistive equipment.
Please provide written consent giving the nurse permission to speak with your child's doctor about his/her condition. You can complete the attached consent sheet if you are willing to provide consent.
In addition to carrying a light backpack, have your child arrange for a buddy to assist him/her with his/her backpack during the day. Your child should leave class 5 minutes prior to the end of the period to avoid hall traffic.
Your child should check in with his/her PE teacher, although he/she will not be participating in PE. Your child will need a clearance note from his/her physician brought/faxed to the Health Office when he/she is ready to return to PE/sports.
Should your child require any medication during the school day, a medication form must be completed by the physician and parent. Medication forms can be downloaded on-line or obtained in the Health Office. All medications must be brought to the Health Office by a parent.

We wish your child the best in his/her upcoming surgery/injury. Your child is welcome to come and rest during the day in the Health Office. Should you have any questions, concerns kindly contact the Health Office.

Comments/Special Instructions: _____

Signature of parent/guardian*: _____

Date: _____

*Parent signature denotes permission to share the above student's medical information with staff on a need-to-know basis.

*Parent signature gives permission to speak to child's physician/practitioner as needed.

Copy to: [] Teacher [] Principal [] Aide [] PE teacher(s) [] Counselor [] Specials teachers [] Cafeteria staff