

COLUMBUS COUNTY SCHOOLS

817 Washington St., Whiteville, NC 28472

(910) 642-5168

GENERAL EMERGENCY ACTION PLAN

Date: _____

Student Name: _____ Grade: _____

Parent/Guardian: _____ Phone: _____
_____ Phone: _____

Health Care Provider: _____ Phone: _____

Medical Condition: _____

Usual Treatment: _____

Signs of Emergency: _____

Actions for school personnel to take: _____

Additional instructions: _____

Medical Physician Signature: _____ Phone: _____

Parent/Guardian signature: _____ Phone: _____

School Nurse Signature: _____ Phone: _____

Dates of verification/review (nurse signature/date): _____

THIS INFORMATION WILL BE SHARED WITH YOUR CHILD'S TEACHER UNLESS YOU STATE OTHERWISE.