

Cincinnati Christian School
Emergency Health Care Plan

Elementary Campus – 7350 Dixie Highway, Fairfield, OH 45014
Phone (513)-874-8500—Fax (513)-874-9718
High School Campus - 7474 Morris Road, Fairfield, OH 45011
Phone (513)892-8500—Fax (513)-892.0516

Name of Student: _____ Date: _____

Grade: _____ D.O.B. _____ Teacher: _____

Diagnosis:

EMERGENCY INFORMATION

Names of parent or guardian: _____

Mother: Telephone (H): _____ Father: Telephone (H): _____

Mother: Telephone (W): _____ Father: Telephone (W): _____

Physician's name: _____ Telephone: _____

In an emergency and the parents cannot be reached contact:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

If You See This

Do This

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

If an emergency occurs:

1. Stay with the student.
2. Call or designate someone to call the nurse.
State who you are.
State where you are.
State problem.
3. The school nurse will assess the child and decide whether the emergency plan should be implemented.

Parent's/guardian's signature: _____

Physician's Signature required if Medication is to be given: _____