

Teacher _____

Grade _____

Bus # _____

**SURRY COUNTY SCHOOLS
SCHOOL HEALTH PROGRAM
Emergency Medical Plan**

Date _____

Student Name _____

Parent/Guardian _____ Home Phone _____

_____ Work Phone _____

Physician _____ Office Phone _____

Hospital _____

Medical Condition _____

Usual Treatment _____

Signs of Emergency _____

Actions for School Personnel to Take _____

Additional Instructions _____

Parent/Guardian Signature _____ Date _____

Nurse _____

This information will be shared with your child's teacher unless you state otherwise.