



BRISTOL-BURLINGTON HEALTH DISTRICT  
240 Stafford Avenue, Bristol, Connecticut 06010-4617  
Tel. (860) 584-7682 • Fax (860) 584-3814

**INDIVIDUAL EMERGENCY MEDICAL PLAN – SCHOOL YEAR: \_\_\_\_\_**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone Numbers:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Problem** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

**Allergies (food or other)** \_\_\_\_\_

Health Care Provider Treating Condition \_\_\_\_\_ Phone \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

How often does this problem occur? \_\_\_\_\_

When was the last time this problem happened? \_\_\_\_\_

**Warning signs to watch for** \_\_\_\_\_

**EMERGENCY PLAN: STEP-BY-STEP ACTIONS FOR FOOD ALLERGY OR MEDICAL PROBLEM:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Comments \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Reviewed by School Nurse \_\_\_\_\_ Date \_\_\_\_\_ Rev. 5/11cp