

Emergency Health Plan

Date: [Insert Date]

To Whom It May Concern,

This letter serves as an emergency health plan for [Student's Name], who is enrolled in [Grade/Class] at [School Name]. The following health information and care instructions are crucial for the well-being of the student in the event of a medical emergency:

Student Information:

- Name: [Student's Name]
- Date of Birth: [Student's DOB]
- Emergency Contact: [Emergency Contact Name & Number]

Medical Conditions:

- [Condition 1]
- [Condition 2]
- [Additional Conditions]

Allergies:

- [Allergy 1]
- [Allergy 2]
- [Additional Allergies]

Medications:

[List any medications the student takes regularly, including dosage and administration instructions]

Emergency Procedures:

- [Procedure for Condition 1]
- [Procedure for Condition 2]
- [Additional Procedures]

Please ensure that staff is aware of this emergency health plan and that appropriate measures are taken to keep [Student's Name] safe.

Thank you for your attention to this important matter.

Sincerely,

[School Nurse's Name]

[School Name]

[Contact Information]