Life–Threatening Condition Emergency Care Plan (ECP)

Student Information						
Senior Name:			Emergency Contact 1 (Full Name & Phone #):			
School:			Emergency Contact 2 (Full Name & Phone #):			
DOB: Night-of-Event Bus:						
	Onsite help to enter day of even	nt				
Please list all life-threatening conditions:		Will the senior be bringing any of the following onsite?			vill carry?	
□ Allergy (Please specify):		□ Allergy Medication (Please specify):		(Senior	or Chaperone)	
□ Asthma		□ Epi Pen (3mg) (15mg)				
□ Diabetes		□ Inhaler				
□ Cardiac Issues		□ Insulin / Glucose Monitor				
□ Seizures		□ Other Medications (Please specify):				
□ Other (Please specify):						
Will the senior be bringing separate food to the event?						
(Allergy) Senior to should avoid contact with these allergens:						
(Asthma) Senior to avoid contact with these Asthma triggers:						
(Seizures) Senior to avoid contact with these seizure triggers:						
Please list side effects of any carried medication:						
In the spaces below, please detail your Action Plan for each applicable life-threatening condition. Make sure to						
include who to contact and their contact details, if applicable.						
Immediate Response Plan						
Applicable life-threatening condition: Detail here:						
Detail nere.						
Please use the back of this sheet for additional space if needed More details on the other side? □ Yes						
I agree to notify the Planning Committee of any changes to						
the information on this form between now and the date of						
graduation.		5 _	nt/Guardian's Signature)	Date:		
<i>.</i>						· · · · · · · · · · · · ·

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