



Medical Emergency Action Plan

_____ is a St. Thomas Aquinas student and is under
(Patient/Student name)

the care of our medical team. We understand that he/she has been newly diagnosed with

_____. To provide the best care and safety of the student, we ask that you
(Diagnosis)

indicate any necessary information regarding the signs and symptoms; as well as what action
you would like taken.

Patient/Student Name: _____ DOB: _____

Emergency Contact 1: _____ Relation: _____
Phone number(s): _____

Emergency Contact 2: _____ Relation: _____
Phone number(s): _____

Physician: _____ Office: _____
Phone Number: _____ Fax: _____

Signs/Symptoms	Action

Additional Comments:

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____