Louisiana School for Math Science and the Arts

INDIVIDUALIZED EMERGENCY MEDICAL PLAN

This form must be filled out for any student with a medical diagnosis such as asthma, migraines, etc.
This form will be shared with your child's teachers, student life advisor, coaches and field trip staff.

Student's Name:	Age:	Physician:	Physician's Phone: ( )
Father's Name:	Father's Day Phone: ( )	Mother's Name	Mother's Day Phone: ( )
Emergency contact other than the parent:	Relationship to student:		Day Phone: ( )

Diagnosis:	
When this happens…	***Do this…***

Diagnosis:	
When this happens…	***Do this…***

Diagnosis:	
When this happens…	***Do this…***

If an emergency occurs:

1) Stay with the student
2) Call for help or 911
3) The following staff members are trained to deal with emergencies:
   - Residential Life Staff Members
   - Rose Baker, CNA
   - Dale Clingerman
   - Jackie Jacoby