## **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:		g -v (),	
Onsite help to ent	er day of event		
Please list all life-threatening condi	tions: Will the semi	or be bringing any of the following	Who will carry? (Senior or Chaperone)
□ Allergy (Please specify):		gy Medication (Please specify):	
□ Asthma	— □ Epi Pen	(3mg) (15mg)	
□ Diabetes	□ Inhaler		
□ Cardiac Issues		☐ Insulin / Glucose Monitor ☐ Other Mediantians (Plance specific):	
□ Seizures	□ Other Me	☐ 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:			
Please use the back of this sheet for	1 0		er side?
I agree to notify the Planning Committee of any changes to			
the information on this form between now and the date of			
graduation. (Parent/Guardian's Signature) Date:			Jaie: