

Coastal Community Action, Inc.

303 McQueen Avenue / Post Office Box 729 / Newport, NC 28570
(252) 223-1630 / FAX (252) 223-1689
www.coastalcommunityaction.com

Edith J. Travers
Executive Director

Care Plan

EMERGENCY PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

CHILD'S NAME: _____

DATE OF BIRTH: _____

Medical Diagnosis/Condition: _____

Symptoms/Signs/Events that indicate a need to activate Emergency Plan: _____

Steps to be followed (number in order to be done): _____

Check box if:

Further Instructions Attached

Physician's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Helping People  Changing Lives

A private non-profit corporation serving Carteret, Craven, Duplin, Jones, Lenoir, Onslow and Pamlico Counties

Emergency Names and Phone Numbers

The following people have been trained to deal with this emergency:

Person Initiating Emergency Plan: _____

1. Parent/ Guardian: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

2. Parent/ Guardian: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

3. Parent/ Guardian: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

4. Parent/ Guardian: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Physician to be called first: _____

Address: _____ Phone: _____

Preferred Hospital: _____

Emergency Room Phone Number: _____

Rescue Squad Phone Number: _____