

R.E.A.L. SUMMER ADVENTURE CAMP

A Ministry of Northshore Christian Church and Academy

5700 ~ 23rd Drive West ~ Everett ~ WA ~ 98203

Phone: (425) 407-1119 Fax: (425) 407-1317 www.northshorechristianschools.org

Medical Emergency Plan

Student _____ Date _____

Diagnosis _____

Classification of Condition (Please Check One) Mild _____ Severe _____

Medication _____

Date of birth _____ Grade _____ Teacher _____

Parent _____ Phone number _____

Preferred Hospital _____

Physician _____ Phone Number _____

Student Specific Emergencies:

<u>IF YOU SEE THIS</u>	<u>DO THIS</u>
Symptoms of a Minor Reaction:	Action for a Minor Reaction:
	(If condition does not improve within 10 Minutes, follow steps for a Major Reaction below.)
Symptoms of a Major Reaction:	Action for a Major Reaction:

Have you turned in an Authorization for Medication Form if medication needs to be taken while your child is at camp?

Yes _____ No _____

Additional Comments:

IF AN EMERGENCY OCCURS:

1. We will stay with student or designate another adult to do so.
2. Call or designate someone to call the director, principal, or 911.
3. We will call you.

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The emergency plan will be distributed to the following:

Classroom Teacher

Parents

Summer Camp Supervisor

Summer Camp Director