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: *Onsite help to enter day of event*	

Please list all life-threatening conditions:	Will the senior be bringing any of the following onsite?	Who will carry? *(Senior or Chaperone)*
□ Allergy (Please specify): _____	□ Allergy Medication (Please specify): _____	
□ Asthma	□ Epi Pen (__ .3mg) (__ .15mg)	
□ Diabetes	□ Inhaler	
□ Cardiac Issues	□ Insulin / Glucose Monitor	
□ Seizures	□ Other Medications (Please specify): _____	
□ Other (Please specify): _____	_____	

Will the senior be bringing separate food to the event? □ YES □ NO
(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 additional space if needed | **More details on the other side?** □ **Yes**

I agree to notify the Planning Committee of any changes to the information on this form between now and the date of graduation.

By:_____
(Parent/Guardian's Signature) Date:_____

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