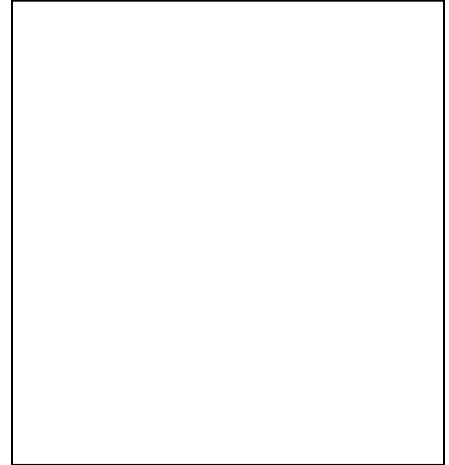


Eastpointe Community Schools
EMERGENCY TREATMENT PLAN

Student: _____

Teacher: _____

Grade: _____ Building: _____



MEDICAL/HEALTH CONDITION:

SYMPTOMS OF MEDICAL/HEALTH EMERGENCY:

STEPS TO TAKE:

This Emergency Treatment Plan is consistent with information provided by the physician on (date): _____.
Signature of Building Administrator: _____