

School Nurse Emergency Information

Organize student contacts, allergies, medications, clinician contacts, support notes, and school form locations.

Student and emergency contacts

Name / preferred name _____

Date of birth _____

Parent / guardian 1 _____

Parent / guardian 2 _____

Backup emergency contact _____

Preferred contact order _____

School and care team contacts

School / nurse office _____

Doctor / pediatrician _____

Specialist contact _____

Pharmacy _____

After-hours contact _____

Where school forms are kept _____

Allergies, medications, and forms

☐ Allergy list location _____

☐ Medication list location _____

☐ Action plan location _____

☐ School health plan location _____

☐ Device / supply notes _____

Other form notes _____

Support and handoff notes

Communication notes _____

Mobility / sensory notes _____

Medical device notes _____

Who can confirm details _____

Backup contact if unreachable _____

Last updated by / date _____

Important note

Organization and preparedness only. Not medical advice. Does not replace 911, EMS, clinicians, medication labels, school forms, action plans, school health plans, care plans, or professional guidance.

More free emergency sheets: YourEMR.net/free-emergency-face-sheet

Create a free emergency profile at YourEMR.net

QR opens YourEMR free resources, not a personal emergency profile.

