

Life-Threatening Conditions (LTC)

Emergency Response Plan

(All sections must be completed)

Place Student's
Photo Here

Student Name: _____

Potentially Life-Threatening Condition (LTC)

Keys to preventing LTC from occurring:

An emergency is occurring when:

Steps to take when an emergency is occurring:

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

Parent/Guardian's Signature: _____

Date: _____

Physician's Signature: _____

Date: _____

Physician's Phone No.: _____

Original on file

Principal's Initials