



*Our mission is to develop children who are confident and creative learners. We provide a rigorous curriculum and a supportive school environment that promotes high achievement, encourages personal growth, and meets the unique needs of each child.*

**STUDENT SERVICES DEPARTMENT**

9310 North Kenton Avenue  
 Skokie, Illinois 60076-1338  
 Telephone: 847/568-7504  
 Fax: 847/568-7599  
 internet: www.skokie68.org  
 Email - esahyouni@skokie68.org

**Eva Sahyouni, School Nurse**  
**Sharon Jacobellis, Director of Student Services**

**EMERGENCY HEALTH CARE PLAN – GENERAL HEALTH PLAN**

Effective School Year: 20 \_\_\_\_\_ to 20 \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician's name and phone #: \_\_\_\_\_

Parent/Guardian #1 name and #: \_\_\_\_\_

Parent/Guardian #2 name and #: \_\_\_\_\_

Description:	
<b>IF YOU SEE THIS:</b>	<b>DO THIS:</b>

**TO BE REVIEWED AND SIGNED BY PARENT/GUARDIAN**

*I give permission to the school nurse/health clerk and other designated staff members of District 68 to perform and carry out the emergency care plan as outlined by this emergency health care plan. I also consent to the release of the information contained in this emergency health care plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.*

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY PHYSICIAN OR LICENSED PRESCRIBER UPON REVIEW AND APPROVAL**

Medication to be taken at school for this condition: \_\_\_\_\_

\_\_\_\_\_  
 Physician signature

\_\_\_\_\_  
 Date

***This form shall be effective for the current school year only, and must be renewed each subsequent school year.***