IDAHO NOVUS
CLASSICAL ACADEMY
VIRTUS • SCIENTIA • FELICITAS

Emergency Action Plan
2026-2027

Emergency Action Plan for a Student with Special Health Care Needs

Student Name:_____

Birthdate:_____Preferred Hospital:_____

Medical Condition/Diagnosis: _____

_____

Note: In case of serious illness/injury, the school will render first aid while first contacting the emergency response line (9-1-1) and the parent/guardian. If transport to a medical facility is required, the School will attempt to follow the parent/guardian's preferred hospital choice.

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Healthcare Provider Name:_____

Healthcare Provider Phone Number:_____

If you see this	Do this

If An Emergency Occurs:

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the Front Office and/or Principal.

When Calling 9-1-1:

1. State who you are.
2. State where you are (19255 North McLeod Way, Avimor).
3. State problems.

Physician Signature: _____Date:_____