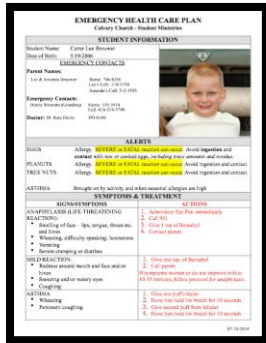


Calvary Church Student Ministries Emergency Action Plan (EAP) 2014 – 2015



Families please take a moment to fill out the below information on your child. This will help us as a ministry team in creating the safest learning environment for your student. The information below will be put onto a form, which will then be given to your student's ministry leader(s) and kept on file with the ministries in which they participate.

Child's Name: _____

Date of Birth: _____

Emergency Contacts (Name and Phone Numbers):

Parents: _____

Doctor: _____

Medical Alerts (*please list all medical conditions: allergies, seizures, asthma, etc. - as well as circle the severity of the condition*)

1. _____ **MILD SEVERE FATAL**

2. _____ **MILD SEVERE FATAL**

3. _____ **MILD SEVERE FATAL**

4. _____ **MILD SEVERE FATAL**

Symptoms To The Above Alerts:

Action Steps To The Above Alerts: (*these are the steps you would like us to take in case a reaction occurs while they are in Calvary's care*)
