



Rec & Ed Summer Camps
Ann Arbor Public Schools
Community Education and Recreation
1515 S. Seventh St.
Ann Arbor, MI 48103
734.994.2300

EMERGENCY ACTION PLAN

(Please complete one form per child)

Child's Name: _____ **Childcare site:** _____

Child's condition/symptoms: _____

Medications: _____

Location of emergency medication(s): _____

Allergies: _____

Preferred hospital: _____

In the event of an episode, childcare staff should follow these procedures:

1. If _____
then: _____

2. If _____
then: _____

3. If _____
then: _____

Additional information: _____

Parent/Guardian #1: _____

Cell: _____ Work: _____ Other: _____

Place of employment: _____

Parent/Guardian #2: _____

Cell: _____ Work: _____ Other: _____

Place of employment: _____

Parent/Guardian signature: _____ Date: _____