

# Sample Emergency Care Plan for Virtual Learning

Student name:	
Reason for ECP:	
Virtual learning address/location/room:	
Emergency contact #1	Name: Phone number:
Emergency contact #2	Name: Phone number:

*Consider additional signs or symptoms that student may display or self-report in a virtual setting that may indicate a medical emergency:*

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## Educator action if student participating in **virtual learning**

1. Follow established student specific plan developed by school nurse which should include:
  - When to contact emergency contact 1
  - When to contact emergency contact 2
  - When to contact learning center
2. Remain on virtual call until help arrives.
3. Notify school nurse who will follow local school system procedure for emergency.

School nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Educator signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_