

Appendix 2

Do Not Resuscitate Order

Student Name _____

Date of Birth _____

School _____ Grade _____

Primary Teacher/s _____

Record of Meetings Held:

Medical Care Plan: (itemized list of steps to be taken in the case of an emergency situation)

1. (attach separate form if required)
- 2.
- 3.
- 4.

Emergency Contacts, to be called in order of priority:

**Valid only with attached, signed and notarized letter from
Parents/Legal Guardians and Physician)**