Individual Emergency Plan

Name _____

Student ID Number _____

1) Disability: Briefly describe your disability.

2) Emergency Information: Describe the most appropriate way to assist you in an emergency situation.

3) Warning: List those actions individuals trying to assist you should not attempt.

4) Emergency Situations: List appropriate actions for assistance in the event you have a personal emergency such as, but not limited to, seizures, blackouts, anxiety attacks, and/or other situations in which you may require emergency assistance.