



## (School District) Emergency Planning



Dear (Parents/Guardians),

Through a collaboration between (School District Name) and (EMS agency/organization), our community is taking steps to ensure children with special or complex medical care needs receive the best possible care from Pilot first responders if they are ever in an emergency situation. My name is (name of Champion) and I work for (name of EMS agency/organization).

Attached is a form that will be used to gather information in regard to your child so we can better help them in case of an emergency. Your participation in this initiative is voluntary. If you want to participate, please complete the attached form which will be maintained by the school district (name of school district) and shared with the EMS (EMS agency/organization). The form must be completed by the parent/legal guardian of the child.

By having this information accessible in all ambulances, it will allow staff to review critical care details about your child if they are ever impacted by an emergency situation. (EMS agency/organization) will review the information sheets in their meetings to get to know your child and their needs.

There is an envelope attached to the packet so you may place a picture of your child in it to be included with their information (optional).

We greatly appreciate your help in collecting this information. This form will be sent out annually to you in order to have the most updated information about your child. (However, please feel free to submit any updated information at any time.) You may also include additional sheets with the form, such as a complete medication list, DNR information, etc. If you have any questions, or would like to discuss your child further, please do not hesitate to contact us. This project is being led by the Wisconsin Emergency Medical Services for Children Program; please contact Brittany Farrell ([bfarrell@childrenswi.org](mailto:bfarrell@childrenswi.org)) with any questions.

Thank you,

(name of Pilot Champion)  
(Pilot Champion contact information)

(name of School Nurse)  
(School Nurse contact information)