



Emergency Plan for Students with Disabilities

Campus/Location: _____ **Program:** _____ **Term Started:** _____

Name of Student/Applicant: _____ **Date:** _____

Home Address _____

Phone _____ **Cell** _____

Email _____

Emergency Contact Name _____ **Contact information** _____

Brief Description of Disability/Impairment: _____

Emergency plan (what to do in an emergency – how to assist)

ACTIONS NOT TO DO - WARNING

STUDENT SIGNATURE _____ **DATE** _____