



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** _____