UNIVERSITY of PUGET SOUND

Counseling, Health, & Wellness Services

Student Safety Plan

Students with a known chronic medical or psychological condition which may require emergency response are encouraged to notify CHWS of their condition and review their personal safety plan. This plan should be submitted to CHWS prior to the start of each academic year. The student is required to meet with the medical director or head psychologist when they first submit a plan to discuss and refine the Safety Plan. This meeting should occur within two weeks of arrival on campus.

The standard protocol for an on campus emergency is for staff/faculty/students to call Security Services. Security Services will call 911 for emergency response services, direct emergency responders to the location, and provide on-scene support within their scope and training. If deemed necessary by first responders, the student will be transported to the emergency room.

Any safety plan submitted to the university will be reviewed by Security Services and Counseling, Health, and Wellness Services. The university cannot guarantee to accommodate a safety action plan if it falls outside of the standard response plan. Please fill out the information below.

Full Name: _____

DOB: _____

Allergies: _____

_____

_____

List of current medications: _____

_____

_____

_____

Name and dosage of rescue medication: _____

_____

_____

Location of rescue medication: _____

Emergency contact name and phone number: _____

Please describe your diagnosis, how your diagnosis is routinely managed, and a description of the anticipated emergency related to your diagnosis (e.g. Type 1 Diabetes, insulin pump, hypoglycemia, trauma response to people in uniform).

Please describe your preferred emergency response plan. Include the action/steps requested.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please attach supporting documents signed by your off-campus provider or specialist.

Off-campus provider contact information:

_____
_____
_____

Do you wear a medical alert bracelet? Yes
Do you carry rescue medication at all times? yes
Is there anything else CHWS and Security Services should know regarding emergencies related to your condition?

_____
_____
_____
_____
_____

By signing below, you give your permission to release your safety plan to Security Services, Residence Life, Counseling Health & Wellness Services, Student Accessibility and Accommodations, and Athletics (for students involved in athletics).

Name_____
Date_____
Signature_____

Please mail or fax this form to:
Counseling, Health and Wellness Services
1500 N Warner Street #1035
Tacoma, WA, 98416
Fax: 253-879-3766
Contact CHWS in the event that your safety plan needs to be updated.
Release of information should be completed for your primary care provider, primary therapist, psychiatrist, or other medical specialist overseeing care.