

ALLERGY ACTION PLAN (continued)

Name of Child _____ Date of Birth _____

◆ STEP 2: EMERGENCY CALLS ◆

Call 9-1-1

State that an allergic reaction has been treated and additional epinephrine may be needed.

Doctor: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Emergency Contacts

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

If a parent/guardian cannot be reached, do not hesitate to medicate or take child to a medical facility.

Parent / Guardian's Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____