

Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizing Signature for Emergency Treatment:**

\_\_\_\_\_ give \_\_\_\_\_ immediately. **THEN CALL 911.** The child needs to be taken to the nearest hospital emergency room. Only after 911 has been contacted, call the Emergency Contact (see back).

\_\_\_\_\_ If ingestion is suspected and/or symptoms are \_\_\_\_\_

**Action for MAJOR reaction:**

\_\_\_\_\_ improve within 10 minutes or condition worsens, follow steps for Major Reaction. \_\_\_\_\_ give \_\_\_\_\_ and call Emergency Contact (see back). If condition does not \_\_\_\_\_

\_\_\_\_\_ If symptoms are only \_\_\_\_\_

**Action for MINOR reaction:**

\_\_\_\_\_ ←  
\_\_\_\_\_ ←  
\_\_\_\_\_ ←  
\_\_\_\_\_ ←

**Symptoms to look for:**

\_\_\_\_\_ Condition: \_\_\_\_\_

**Emergency Action Plan for:**



**Emergency Contacts**

1. \_\_\_\_\_

Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

2. \_\_\_\_\_

Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

3. \_\_\_\_\_

Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

