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Authorizing Signature for Emergency Treatment:

Physician: _____ Date: ___/___/___
Parent: _____ Date: ___/___/___

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

If ingestion is suspected and/or symptoms are _____

Action for MAJOR reaction:

condition does not improve within 10 minutes or condition worsens, follow steps for Major Reaction.

give _____ and call Emergency Contact (see back). If

If symptoms are only _____

Action for MINOR reaction:

← _____

← _____

Symptoms to look for:

Emergency Action Plan for: _____ Condition: _____



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Emergency Contacts

- 1. _____
Relation: _____
Phone(s): _____
- 2. _____
Relation: _____
Phone(s): _____
- 3. _____
Relation: _____
Phone(s): _____



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