

Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: () ____ - _____

Doctor: _____ Phone: () ____ - _____

Parent/Guardian: _____ Phone: () ____ - _____

Parent/Guardian: _____ Phone: () ____ - _____

Other Emergency Contacts

Name/Relationship: _____ Phone: () ____ - _____

Name/Relationship: _____ Phone: () ____ - _____