

EMERGENCY MEDICAL PLAN

Emergency Information for

Insert STUDENT NAME

(include any pertinent information
i.e. wears medical alert bracelet)

Attach Student Photo

Life Threatening allergies to:

The following action must be taken immediately.

1. Determine how to treat reaction promptly.

SYSTEMS: SYMPTOMS:

Mouth*

Skin*

Gut*

Throat*

Lung*

Heart*

ACTION TO BE TAKEN:

*All of the above symptoms can progress to a life-threatening reaction.

2. Call 911, request a paramedic (make special requests if applicable)

3. Emergency contact Information

Mother:

Emergency cell phone:

Home telephone:

Father:

Father's cell phone:

Work:

Allergist

Pediatrician: