

Hey

Babysitter, Nanny,
Caregiver, Teacher or Friend



EMERGENCY ACTION PLAN

Place child's
photo here

In case of a possible Severe Allergic Reaction
(called ANAPHYLAXIS)

Child's name:

Medic Alert #

Nickname:

Home phone:

Address:

Parent / guardian:

Date of Birth:

Work phone:

WARNING SYMPTOMS AND SIGNS

- | | |
|--|---|
| <input type="checkbox"/> Swelling (eyes, lips, face, tongue) | <input type="checkbox"/> Cold, clammy, sweaty skin |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Stomach cramps and / or diarrhea |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Flushed face or body |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Change of voice |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Unconscious | <input type="checkbox"/> Vomiting |

WHAT TO DO

1. **TELEPHONE 911** for emergency medical help and tell the dispatcher:

"A CHILD IS HAVING A LIFE THREATENING ANAPHYLACTIC (pronounced an - uh - fuh - lak - tik) REACTION"

2. **INJECT** with our child's emergency treatment kit.

Brand name:

Kept or stored in:

Simple instructions for use are permanently attached to the auto-injector.

OUR CHILD IS ALLERGIC TO THE FOLLOWING: PLEASE AVOID AT ALL COSTS!

Peanuts **Tree nuts** **Milk** **All dairy** **Eggs** **Shellfish** **Fish**

Food additives (list)

Medications (list)

Insect stings (list)

Others

OTHER EMERGENCY CONTACT INFORMATION