

# 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

\_\_\_\_\_