## Allergy and Anaphylaxis Emergency Plan



Child's name:	_ Date of plan:
Additional Instructions:	
<b>y</b>	
Contacts	
Call 911 / Rescue squad:	,
Doctor:	Phone:
Parent/Guardian:	Phone:
Parent/Guardian:	Phone:
Other Emergency Contacts	
Name/Relationship:	Phone:
Name/Relationship:	Phone:

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