

Step 3: Emergency Contacts

Name	Relationship	Phone numbers	
_____	_____	1.) _____	2.) _____
_____	_____	1.) _____	2.) _____
_____	_____	1.) _____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, AMBULANCE WILL BE CALLED!

Preferred Hospital: _____

Parent/guardian signature: _____ Date _____

**If any changes are needed on this Allergy Action Plan through-out the school year;
it is the parent/guardian's responsibility to contact the school nurse.**