



**Emergency Contact Information and Allergic Reaction Plan**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

**Indicate Allergies/Medical Alerts/Medical Conditions: (if none, please indicate "none" below):**

**In the event of an emergency or sickness, please list (2) people who may be contacted who are authorized to assume responsibility for the student:**

Name	Phone #	Relationship
_____	_____	_____

Name	Phone #	Relationship
_____	_____	_____

**Plan of Action:**

If during a session the SEIT noticed any indication of an allergic reaction, the child's parent/guardian will be notified immediately. If the parent/guardian deemed necessary and applicable, the SEIT and/or school staff will administer an EpiPen (Epinephrine). If the parent/guardian is unreachable, the SEIT will notify the child's emergency contact(s). If needed, the SEIT and/or school staff will immediately call 911 and administer appropriate first aid or CPR as necessary until emergency medical personnel arrive. The child will be transported to a hospital if necessary. The SEIT will immediately notify the SEIT Supervisor of the emergency medical situation.