

EMERGENCY PLAN FOR ALLERGIC REACTION

Emergency action is necessary when this Scout has symptoms such as:

1. _____
2. _____
3. _____
4. _____

Steps to take during an allergic reaction episode:

1. Give emergency medications:

Name _____

Purpose _____

Dosage _____

When to use _____

Call 911 or EMS if minimal or no improvement

Other medications:

Name _____

Purpose _____

Dosage _____

When to use _____

Additional instructions _____

These medications are prescribed for the time period _____ until _____

2. Seek emergency medical care if this Scout experiences any of the following:

Comments and special instructions _____

Physician's Signature

Date

I give permission to my Scout's leaders to administer emergency medications as necessary, in accordance with physician's instructions above.

Parent/Guardian's Signature

Date