



***THIS SECTION TO BE COMPLETED & SIGNED BY  
PARENT/GUARDIAN***

**CONTACT:**

**Parent/Guardian 1:**

Call numbers in this order:

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**Parent/Guardian 2:**

Call numbers in this order:

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**Other Emergency Contact:**

- Name: \_\_\_\_\_ Telephone # \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

***THIS SECTION TO BE COMPLETED  
BY SCHOOL NURSE***

*School Nurse Name Telephone #*

Staff members instructed on this plan:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

NOTE: For children with multiple allergies, consider providing separate Action Plans for different foods/allergens.