

# Medical Action Plan for Wake Forest Baptist Church

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Allergy to/Medical concern: \_\_\_\_\_

\_\_\_\_\_

Treatments/Medications Required: \_\_\_\_\_

\_\_\_\_\_

**Symptoms/Treatments:** In this area, please be specific as to the symptoms we need to look for and specific instructions you would like for us to follow in the event of a medical emergency involving your child's medical concern listed above:

## In the Event of an Emergency with this child,

1. **Call 911.** Give the operator the information of an allergic reaction and request an ambulance. Church address: 107 E. South Avenue, Wake Forest, NC 27587—  
Ph.#: 556-5141(church).

2. Parent \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Emergency Contacts:  
Name/Relationship

Phone Numbers:

a. \_\_\_\_\_

b. \_\_\_\_\_

IF ADVISED BY MEDICAL PERSONNEL, CHILD WILL BE TRANSPORTED TO HOSPITAL:

HOSPITAL OF CHOICE: \_\_\_\_\_  
(Hospital's name)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_