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MEDICAL ALERT & EMERGENCY PLAN

Patient: _____ Date: _____

DOB: _____

Parent Name: _____ Parent Contact #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

Medical condition reported by parent: _____

Current medications and notable side effects: _____

Medications to be administered in medical emergency: _____

instructions attached to emergency plan instructions on/in medicine container

At what point should a Synergy Healthcare for Kids staff member call 911? _____

Notes: _____

Parent Signature

Date

Therapist Signature

Date

Therapist Signature

Date

Therapist Signature

Date