

**Date:** [Insert Date]

**To:** [Recipient Name/Facility Name]

**Address:** [Recipient Address]

**RE: Transfer of Emergency Medical Action Plan for [Patient Full Name]**

Dear [Recipient Name/Medical Professional],

This letter serves as a formal transfer of the Emergency Medical Action Plan (EMAP) for **[Patient Full Name]**, Date of Birth: **[DOB]**.

Due to [Reason for Transfer: e.g., school year change, relocation, change in provider], please find the attached documentation detailing the necessary protocols for managing the patient's specific medical condition: **[Specific Condition, e.g., Severe Allergy, Epilepsy, Type 1 Diabetes]**.

**The attached plan includes:**

- Current diagnosis and primary triggers.
- Daily medication schedule and dosages.
- Step-by-step emergency intervention procedures.
- Emergency contact information for guardians and primary physicians.
- Preferred hospital or medical facility.

Please ensure that all staff members or caregivers responsible for [Patient Name] are briefed on these protocols immediately. This plan is effective as of [Start Date] and remains valid until [End/Review Date].

If you have any questions regarding the specifics of this medical plan, please contact me at [Your Phone Number] or [Your Email].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Patient, e.g., Parent, Guardian, Physician]

**Enclosure:** Emergency Medical Action Plan Document