NORTHBROOK PARK DISTRICT
Recreation Division

ALLERGY ACTION PLAN

Participant Name: _____ **Birth Date:** _____ **Program:** _____

Allergy To: _____

Doctor: _____ **Phone:** _____

Parent/Emergency Contact Name: _____ **Phone:** _____

Asthmatic: Yes* ☐ No ☐ *Higher risk for severe reaction

STEP 1: Response

Reaction	**Give Checked Medication**		**Other**
▪ If a food allergen has been ingested, but no reaction:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ **Throat***—Tightening of throat, hoarseness, hacking cough:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ **Lung***—Reported shortness of breath, coughing, wheezing:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ **Heart***—Fainting, pale, blueness:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ **Other***_____	☐ Epinephrine	☐ Antihistamine	☐_____
▪ Mouth—Reported itching, tingling, swelling of lips/tongue/mouth:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ Skin—Hives, itchy rash, swelling of the face or extremities:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ Gut—Reported nausea, abdominal cramps, vomiting, diarrhea:	☐ Epinephrine	☐ Antihistamine	☐_____
▪ If reaction is progressing (several of the above areas affected), give:	☐ Epinephrine	☐ Antihistamine	☐_____

***Potentially life-threatening.**

Dosage: (Must also complete Medication Dispensing Form and Waiver per Medication)

Epinephrine: (check one) ☐EpiPen ☐EpiPen Jr. ☐ Auvi-Q

Detailed Directions: _____

_____

Antihistamine: Give:_____
(Medication/Dose/Route)

Other: Give:_____
(Medication/Dose/Route)

***IMPORTANT NOTE:** District staff has no medical training and will not perform invasive medical procedures (e.g. administration of medications using a hypodermic needle).

STEP 2: EMERGENCY CALLS

In the case of an allergic reaction that requires the administration of epinephrine by staff, the following response plan will be adhered to. Staff will:

1. Call 911 and state your belief that an allergic reaction may be occurring
2. Administer the prescribed doses of approved medications.
3. Contact Parents/Guardians by calling the phone numbers listed on the participant information form.
4. Provide Allergy Action Plan to Paramedics.

STEP 3: Additional Information for Paramedics

"Is there any additional information about which responding paramedics should be aware? _____

_____

_____

_____

I have filled out the Allergy Action Plan to the best of my ability with the current knowledge I have of this participant's allergy.

Parent/Guardian Signature_____ Date: _____

Doctor's Signature _____ Date: _____
(Required)