

Participant's Name: _____

Birth Date:

Allergy to:

Parent/Guardian's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

STEP 1: RESPONSE

Reaction

-) If a food allergen has been ingested, but no reaction:
) **Throat*** - Reported tightening of throat, hoarseness, hacking cough:
) **Lung*** - Shortness of breath, repetitive coughing, wheezing:
) **Heart*** - Fainting, pale, blueness:
) **Other*** _____
) Mouth – Reported itching/tingling, swelling of lips, tongue, mouth:
) Skin – Hives, itchy rash, swelling of the face or extremities:
) Gut – Reported nausea/abdominal cramps, vomiting, diarrhea:
) If reaction is progressing (several of the above areas affected), give:

Give Checked Medication

- [illegible]

***Potentially life-threatening**

Dosage (Must also complete Medication Dispensing Information form and Permission to Dispense Medication and Waiver and Release of All Claims form.)

Epinephrine: (check one) ☐ EpiPen ☐ EpiPen Jr. ☐ Auvi-Q Detailed Directions: _____
(Medication/Dose/Route)

Antihistamine: Detailed Directions: _____
(Medication/Dose/Route)

Other: Detailed Directions: _____
(Medication/Dose/Route)

STEP 2: EMERGENCY CALLS AND RESPONSE PLAN

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

1. Call 911 and state their belief that an allergic reaction to the child may be occurring.
2. Administer the prescribed dose of approved medication.
3. Contact parents/guardians.
4. Provide Allergy Action Plan to paramedics.

STEP 3: ADDITIONAL INFORMATION FOR RESPONDING PARAMEDICS

Is there any additional information about which responding paramedics should be made aware of?

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's/Guardian's Name: _____

Signature of Parent or Guardian _____ Date _____