PRINCE WILLIAM
Parks, Recreation & Tourism

Allergy Action Plan

Child's Name: _____ DOB: _____

Allergy to_____

For all food allergies: A written care plan for each child with a diagnosed food allergy, to include instructions from a physician regarding the food to which the child is allergic and the steps to be taken in the event of a suspected or confirmed allergic reaction

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

STEP 1 – ASSESSMENT The severity of symptoms can quickly change. †Potentially life threatening.

Symptoms:	**Give checked Medication:**
If a student has been exposed to/ingested an allergen but has NO symptoms	☐ Epinephrine ☐ Antihistamine
Mouth: Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
Skin: Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
Throat†: Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
Lung†: Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
Heart†: Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
Other: _____	☐ Epinephrine ☐ Antihistamine
If reaction is progressing, (several of the above areas affected)	☐ Epinephrine ☐ Antihistamine

STEP 2 – TREATMENT Your child will not be permitted in the program without the required medication.

Epinephrine: Inject intramuscularly.

☐ EpiPen® ☐ EpiPen® Jr. ☐ Twinject 0.3mg ☐ Twinject 0.15mg

Antihistamine: Give _____ Other: Give _____
antihistamine/dose/route *medication/dose/route*

STEP 3 - EMERGENCY CALLS: PARAMEDICS MUST BE CALLED IF EPIPEN® OR TWINJECT IS GIVEN. EPIPEN® OR TWINJECT ONLY LAST 15-20 MINUTES

1. Call 911. State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen® or Twinject) and that additional epinephrine may be needed.
2. Parents:_____

Phone: _____ Phone: _____

EMERGENCY CONTACTS

1. _____

Relation: _____ Phone: _____

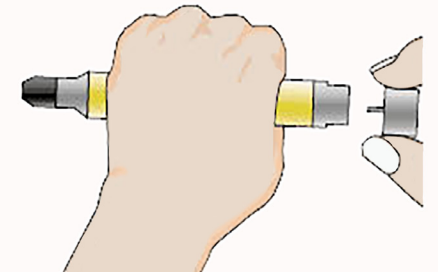
2. _____

Relation: _____ Phone: _____

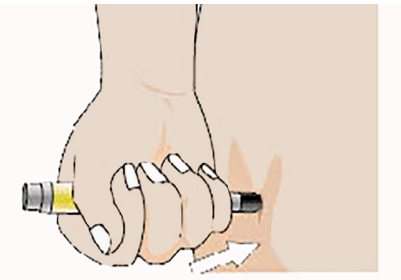
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How do I use the EpiPen®?

1. Form fist around EpiPen® and pull off grey cap. Make sure your thumb is closest to the grey cap end, and not over the black end.



2. Place black tip against outer mid-thigh of the child. (Note; there is no need to 'swing and jab'.)
3. Push HARD until a click is heard or felt and hold in place for 10 seconds.



4. Remove the EpiPen® and then call an ambulance. The EpiPen® can only be used once.

Step 4 Prescription Medication: Health Care Provider to Complete (one form for each medication)

Name of medication: _____

Diagnosis/condition for which medication is being administered: _____

Dosage: Route: _____ Time of administration: _____

Length of time: _____ School year: _____ Other: _____

Possible side effects: ☐ None expected Specify: _____

Health Care Provider Signature: _____

Health Care Provider Printed Name/Stamp: _____

Health Care Provider Phone Number: _____ Fax: _____

Health Care Provider Address: _____