ARLINGTON VIRGINIA
Parks & Recreation

ALLERGY ACTION PLAN

Creative Preschoolers' Program Name _____

Child's Name_____

Date of Birth_____

Parent/Guardian's Name_____

Phone Number(s) Home_____

Work_____

Cell_____

ALLERGIC TO: _____

Severity? (mild, moderate, severe) _____

Symptoms: (circle and check if applicable)

Mouth (itching, tingling, swelling)	yes_____	no_____
Skin (hives, rash, swelling of face or extremities)	yes_____	no_____
Gut (nausea, cramps, vomiting or diarrhea)	yes _____	no_____
Throat (tightening, hoarseness, hacking cough)	yes_____	no_____
Lung (shortness of breath, cough, wheezing)	yes_____	no_____
Heart (fainting, pale or blue skin)	yes_____	no_____

Steps to take in case of accidental exposure:

(detail medications to be given and dosage; who should be contacted, and the correct order in which to proceed. For example, in case of a mild allergy the plan could be call parents and describe symptoms. For possible anaphylaxis the plan might be, give epi-pen, call 911, and then inform parents).

Parent/Guardian's Signature_____Date_____