



# Allergy Action Plan

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Program: \_\_\_\_\_

Allergy To: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### STEP 1: RESPONSE

#### Reaction

#### Give Checked Medication

- If a food allergen has been ingested, but no reaction:  Epinephrine  Antihistamine
- **Throat\***- Reported tightening of throat, hoarseness, hacking cough:  Epinephrine  Antihistamine
- **Lung\***- Shortness of breath, repetitive 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 Information form and Permission to Dispense/Administer Medication and Waiver and Release of All Claims form.)

**Epinephrine:** (circle 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 dispensing/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 in the child may be occurring.
2. Dispense/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.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_