	Allergy Action Plan			
Must be	accompanied by a Medication Authorization F	Form (OCC	1216)	
CHILD'S NAME:	C	ate of Birth:		Place Child's
ALLERGY TO:				Picture Here
ALLERGI TO.				
Is the child Asthmat	ic? No Yes (If Yes = Higher Risk for Se	evere Reacti	on)	
TREATMENT			L	
Symptoms:				Medication
	ted a food allergen or exposed to an allergy trigger ng or complaining of any symptoms	r:	Epinephrine	Antihistamine
		olo funny")	8	
	gling, swelling of lips, tongue or mouth ("mouth fee	eis tunny)	*	
100	rash, swelling of the face or extremities			
	ominal cramps, vomiting, diarrhea	All the state of t		
Bellin Review of the California of the California	swallowing ("choking feeling"), hoarseness, hacking	ig cough		
	of breath, repetitive coughing, wheezing			
THE SECOND CONTRACT C	ast pulse, low blood pressure, fainting, pale, bluene	ess		
Other:				
	ssing (several of the above areas affected)			
	atening. The severity of symptoms can quickly channels and/or antihistamines cannot be depended on to replace		n anaphylaxis.	
Medication			Dose:	
Epinephrine:			6	
Antihistamine:				
Other:			7	
			S	
Doctor's Signature			Date	
EMERGENCY CAL	LS			
1) Call 911 (or Res	cue Squad) whenever Epinephrine has been admi	nistered. 2) (Call the parent. State t	hat an allergic
reaction has been t	reated and additional epinephrine may be needed.	3) Stay with	the child.	
Doctor's Name:			Phone Number:	
79	,			
Contact(s)	Name/Relationship	<u> </u>	Phone Number(s	
	, , , , , , , , , , , , , , , , , , ,	Daytime	Number	Cell
Parent/Guardian 1				
Parent/Guardian 2)	2	
Emergency 1				
Emergency 2				
3 5	N IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NO	T HESITATE T	O MEDICATE AND CALL	911
EVE	Organica-C terminal base of the control of the control			V11.
8	Health Care Provider and Parent Authorization for Self- child care provider to administer the above medications as indicated. Student		f administer [school-aged only] [yes □ No
Parent/Guardian's S	Sign of the		Date	

Allergy Action Plan (Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's

Signification of the child Ashmatic? No	CHILD'S NAME:		Date of Birth:	Picture Here
The Child Care Facility will: Reduce exposure to allergen(s) by: (no sharing food, Ensure proper hand washing procedures are followed. Observe and monitor child for any signs of allergic reaction(s). Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.) Ensure that a person trained in Medication Administration accompanies child on any off-site activity. Ensure that a person trained in Medication Administration accompanies child on any off-site activity. The Parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, make substitutions or arrangement with the facility, if needed. Sering and from yout the owner to account a form of the prior of the prior of the control o	ALLERGY TO:		ÿ	_
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Ensure proper hand washing procedures are followed. Observe and monitor child for any signs of allergic reaction(s). Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.) Ensure that a person trained in Medication Administration accompanies child on any off-site activity. The Parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, make substitutions or arrangement with the facility, if needed. To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit epipen.com.	he Child Care Facility v	vill:		
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