

First Discoveries Christian Preschool Food/Insect Allergy Action Plan



Include this form ONLY if your child has any food or insect allergies, or any severe allergies.

Child's Name: _____ D.O.B: _____

ALLERGY TO : _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

| <u>Symptoms:</u> | <u>Give Checked Medication**:</u> |
|---|---|
| | <small>** (To be determined by physician authorizing treatment)</small> |
| ▪ If a food allergen has been ingested or insect sting occurred, but <i>no symptoms</i> | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Throat† Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Lung† Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Other† _____ | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ If reaction is progressing (several of the above areas affected), give: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE: Epinephrine: inject intramuscularly EpiPen® Jr. (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911: State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s): _____

4. Emergency contacts:

| Name/Relationship | Phone Number(s) | |
|-------------------|-----------------|-----------|
| a. _____ | 1.) _____ | 2.) _____ |
| b. _____ | 1.) _____ | 2.) _____ |

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)