Allergy & Anaphylaxis Individual Emergency Action Plan

FOR USE BY CHILDCARE PROVIDERS, SCHOOLS, PRESCHOOLS, & CAMPS

Child's Name____ Date of Birth________________

Address____ Phone__________________

Physician's Name___________________________ Primary Care M.D.______________________

ASTHMA ☐ Yes ☐ No Allergy To ____

IF INGESTION, CONTACT OR INSECT STING IS WITNESSED OR SUSPECTED CAREGIVER SHOULD:

___Administer Adrenalin BEFORE symptoms occur EpiPen Jr___ Adult___ Auvi Q _____mg Other Rx____________

___Administer Adrenalin IF symptoms occur EpiPen Jr___ Adult____ Auvi Q _____mg Other__________________

___Administer Benadryl dose_________________________ or Atarax dose ___________________________

___Administer ____________________________________For _________________________________

___Call 911 Transport to Emergency Room if symptoms occur and/or adrenalin is administered

The severity of symptoms can change quickly. All symptoms of anaphylaxis can progress to a potentially life-threatening situation

_________________________ Physician's signature

_________________________ Today's Date

Is this a controlled drug ☐ yes ☐ no Time of administration______________________________

Medication shall be administered during year ________ ________ ________ ________ ________ ________

Relevant side effects to be observed, in any____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by practitioner and parent/guardian and must be approved by facility/school nurse in accordance with facility/school board policy.

Prescriber's authorization for self administration ☐ Yes ☐ No ______________________________

Signature and Date

Parent's authorization for self administration ☐ Yes ☐ No ______________________________

Signature and Date

Nurse's approval for self administration of meds ☐ Yes ☐ No ______________________________

Signature and Date

I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE ABOVE INFORMATION ___________________________

Parent/Guardian Signature

SYMPTOMS OF ANAPHYLAXIS

Chest tightness, cough, shortness of breath, wheezing
Tightness in throat, difficulty swallowing, hoarseness
Swelling of lips, tongue, throat
Itchy mouth, throat, skin
Hives or swelling
Stomach cramps, vomiting, diarrhea
Dizziness, faintness, passing out

Picture of Child

Renewal Date: ________ ________ ________ ________ ________ ________ ________ ________

Initials: ________ ________ ________ ________ ________ ________ ________ ________