



Child Care Emergency Plan for Allergic Reactions

ALLERGY TO: _____

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

Asthma Yes* No *High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION:

Systems

- MOUTH
- THROAT
- SKIN
- GUT
- LUNG
- HEART

Symptoms

itching & swelling of the lips, tongue, or mouth
 itching and/or a sense of tightness in the throat, hoarseness and hacking cough
 hives, itchy rash, and/or swelling about the face or extremities
 nausea, abdominal cramps, vomiting, and/or diarrhea
 shortness of breath, repetitive coughing, and/or wheezing
 "thready" pulse, "passing-out"

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

Action for MINOR reaction:

If symptom(s) are: _____

• **Administer:** _____
medication/dose/route

• **Then call: Parent/Guardian and Health Care Provider**

• **If condition does not improve within 10 minutes, follow steps for Severe Reaction below:**

Action for SEVERE reaction:

If symptom(s) are: _____

• **Administer:** _____ **IMMEDIATELY!**
medication/dose/route

• **Call: 911 (Never hesitate to call 911)**

• **Call: Parent or Guardian**

• **Call: Health Care Provider**

Parent/guardian name _____ phone # _____

Parent/guardian signature _____ Date: _____

Health Care Provider name _____

Health Care Provider signature (Required) _____

Emergency Contacts

1. _____

Relation: _____ Phone _____

2. _____

Relation: _____ Phone _____

3. _____

Relation: _____ Phone _____

Trained Staff Members

1. _____ Room _____

2. _____ Room _____

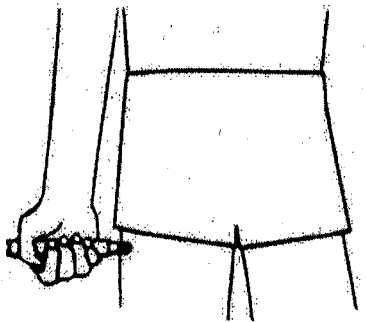
3. _____ Room _____

EPIPEN® and EPIPEN® Jr. Directions

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Place firmly against thigh and press until Auto-injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 20 seconds.