

# Allergy Action Plan

Prior to enrolling, (or, for a child who is already enrolled, immediately after the diagnosis of an allergic condition), parent/guardian will complete an Allergy Action Plan for management of the child's allergy. A physician's order must be presented to confirm the allergy with suitable treatment(s), i.e. EpiPen or antihistamine. Medication must be renewed at least annually (if applicable).

This Allergy Action Plan will be kept in the classroom's Red Flag Binder, posted confidentially in the classroom, and documented in Procure. All center staff will be made aware of a child's allergy.

## Child's Information

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

For School Age (kindergarten – age 12) children only:

Child is permitted to self-carry EpiPen: ☐ Yes ☐ No

## Emergency Contact Information:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Signs of an Allergic Reaction -

Allergies can affect several body functions such as breathing and blood circulation during anaphylaxis and result in the following symptoms:



Hives



Difficulty breathing



Vomiting / Diarrhea



Swollen lips or tongue



Low blood pressure-  
causing weak pulse, confusion, or loss of consciousness

### MILD:

- Itchy/runny nose, sneezing
- Itchy mouth
- A few hives/mild itching
- Mild nausea/discomfort

### SEVERE:

- Trouble breathing or swallowing
- Shortness of breath, wheezing, coughing
- Swelling of face, eyes, lips
- Face turning pale or blue
- Hives in multiple areas of the body
- Weak pulse, feeling faint, dizziness
- Severe vomiting, diarrhea or pain
- Anxiety or confusion

## If exposed to allergens, please do the following:

### Give Antihistamine\*

- Only for mild symptoms, like a few hives
- Alert healthcare professionals and parents.
- Monitor for at least 30 minutes to see if symptoms worsen.
- Antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis), if symptoms continue or worsen, give epinephrine as outlined ➡

\* Complete a Medication Form

### Give Epinephrine<sup>+</sup> – inject into the thigh immediately and call 911

Medical guidelines recommend giving epinephrine if child...

1. Is at risk for anaphylaxis
  2. Is having severe allergic symptoms
  3. Is having multiple symptoms (even mild ones) at same time
- Note the time epinephrine was given.
  - A second dose can be given if symptoms do not start to go away after 5 minutes.
  - Stay with the child. In instances where child is transported by ambulance with staff member, be sure enrollment packet goes with child.

<sup>+</sup> Attach a Physician's order

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Physician signature (or attach Physician's order) \_\_\_\_\_ Date \_\_\_\_\_

**Past allergic reactions:**

Trigger: _____	Reaction: _____	Date: _____
Trigger: _____	Reaction: _____	Date: _____
Trigger: _____	Reaction: _____	Date: _____
Trigger: _____	Reaction: _____	Date: _____
Trigger: _____	Reaction: _____	Date: _____
Trigger: _____	Reaction: _____	Date: _____

**Child's emotional response/how to support the child:**

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**Age-appropriate ways to include the child in planning for care and implementing the plan:**

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**Comments:**

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