



Place
Child's
Picture
Here

Allergy Action Plan

(Must be submitted with the Medication Authorization Form)

ALLERGY TO: _____

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

Asthmatic Yes* _____ No _____ *High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:Symptoms:

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

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

*** ACTION FOR MINOR REACTION ***

1. If only symptom(s) are _____

give _____

Medication and dosage

2. Then call:

Mother: _____

Home/Work/Cell

Father: _____

Home/Work/Cell

Or emergency contacts

If condition does not improve within 10 minutes, follow steps for major reaction below.

*** ACTION FOR MAJOR REACTION ***

1. If ingestion is suspected and/or symptoms are _____,

give _____ IMMEDIATELY!

2. Then call:

Rescue Squad – 911- (ask for advanced life support)

Mother: _____

Home/Work/Cell

Father: _____

Home/Work/Cell

Or emergency contacts

Over

DO NOT HESITATE TO CALL RESCUE SQUAD!

Doctor's Name _____ Phone _____

EMERGENCY CONTACTS

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

- 1. Pull off gray activation cap.**
- 2. Hold black tip near outer thigh (always apply to thigh).**
- 3. Swing and jab firmly into outer thigh 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 10 seconds.**

I have taught the following teachers the correct use of EPI Pen for my child named above:

1. _____

I have been trained by _____ on _____ and feel comfortable with my training. Initial _____

2. _____

I have been trained by _____ on _____ and feel comfortable with my training. Initial _____

3. _____

I have been trained by _____ on _____ and feel comfortable with my training. Initial _____

I give YMCA personnel permission to administer care to my child should they see symptoms of an allergic reaction. I understand that when the EPI Pen is used, my emergency contacts or I will be notified immediately along with ambulance personnel.

I understand that YMCA personnel will follow this action plan to the best of their ability, but are not trained medical professionals.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Doctor's Signature(required) _____ Date _____