Allergy action plan

BackPR

> Please have your child's doctor complete and sign this plan, or attach the plan your doctor already uses. We keep a copy with your child's medicine and with their group's leader. This is a sample form, not medical advice.

Child

Full name _____

Date of birth _____

Weight _____

Program and group _____

Attach a recent photo _____

Allergy

- [ ] Child has asthma (higher risk of a severe reaction)
- [ ] Child can tell an adult when they're having a reaction

Allergic to _____

Past reactions (what happened and when) _____

Mild symptoms

For example: itchy mouth or nose, a few hives, mild itching. The doctor fills in what staff should do. If staff aren't sure whether symptoms are mild or severe, they follow the severe plan.

What staff should do _____

Medicine (name and dose), if any _____

Severe symptoms

For example: trouble breathing, wheezing, throat tightness, swelling of the tongue or lips, repeated vomiting, many hives, pale or blue skin, fainting, or symptoms in more than one part of the body. Give epinephrine as the doctor directs below. Call 911 after any dose of epinephrine, even if the child seems better, then call the parent. Keep the child lying down with legs raised, or sitting up if they're struggling to breathe. Don't let them stand or walk.

What staff should do _____

Epinephrine (brand and dose) _____

When to give a second dose, if symptoms continue or return

_____

Other medicine (name and dose) _____

Epinephrine

Families provide two unexpired auto-injectors. A child carries their own only if the doctor approves it below.

- [ ] Doctor approves: child may carry their own epinephrine auto-injector
- [ ] Staff carry the auto-injectors

Where they're kept during the program _____

Doctor

Doctor's printed name _____

Doctor's signature _____

Phone _____

Date _____

Parent or guardian permission

I give permission for program staff to follow this plan and give my child the medicine listed above, and to share this plan with staff who care for my child.

Parent or guardian printed name _____

Parent or guardian signature _____

Emergency phone _____

Date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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