Allergy Must be accompanied by a Medic	Action Plan ation Authorization Form (OCC ²	1216)	
CHILD'S NAME:	Date of Birth:		Place Child's
ALLERGY TO:	·		Picture Here
Is the child Asthmatic? No Yes (If Y	es = Higher Risk for Severe Reactio	n)	
TREATMENT		L	
Symptoms:			Medication
The child has ingested a food allergen or expos		Epinephrine	Antihistamine
But is <i>not</i> exhibiting or complaining of any sy	mptoms		
Mouth: itching, tingling, swelling of lips, tongu	e or mouth ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or	extremities		
Gut: nausea, abdominal cramps, vomiting, dia	arrhea		
Throat*: difficulty swallowing ("choking feeling	"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughin	g, wheezing		
Heart*: weak or fast pulse, low blood pressure	e, fainting, pale, blueness		
Other:			
If reaction is progressing (several of the above	areas affected)		
*Potentially life-threatening. The severity of syr *IMPORTANT: Asthma inhalers and/or antihistamines canr		anaphylaxis.	1
Medication		Dose:	
Epinephrine:			

Medication	Dose:
Epinephrine:	
Antihistamine:	
Other:	

Doctor's Signature

Date

EMERGENCY CALLS

1) Call 911 (or Rescue Squad) whenever Epinephrine has been administered. 2) Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. 3) Stay with the child.

Doctor's Name:		Phone Number:			
Contact(s)	Name/Relationship	Phone N Daytime Number	Phone Number(s) Daytime Number Cell		
		Daytime Number	Cell		
Parent/Guardian 1					
Parent/Guardian 2					
Emergency 1					
Emergency 2					

*EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.

Health Care Provider and Parent Authorization for Self/Carry Self Administration

Parent/Guardian's Signature

Date

Allergy Action Plan			
	(Continued)		
Must be accom	Must be accompanied by a Medication Authorization Form (OCC 1216)		Place Child's
CHILD'S NAME:	Date of Birth		Picture Here
ALLERGY TO:			
Is the child Asthmatic?	No Yes (If Yes = Hig	her Risk for Severe Reaction)	
The Child Care Facility	will:		
	allergen(s) by: (no sharing food,		
	washing procedures are followed		
Observe and monito	r child for any signs of allergic rea	action(s).	
Ensure that medicati	on is immediately available to adr	minister in case of an allergic reacti	ion (in the
classroom, playgrou	nd, field trips, etc.)		
Ensure that a persor	trained in Medication Administra	tion accompanies child on any off-	site activity.
		1	
	PIPEN® userguide	The Parent/Guardian will:	
. (Epinephrin	e) Auto-Injectors 0.3/015mg	Ensure the child care facility	
1.1		supply of emergency medic	
		Replace medication prior to	the expiration
		date	
blue safety release cap	Pull off the blue safety release cap.	Monitor any foods served by	·
orange tip		facility, make substitutions of with the facility, if needed.	or arrangements
	Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.		
	2 Please note: As soon as you release pressure from the		
	thigh, the protective cover will extend. Each fpiPen Auto-Injector contains a single close of a medicine collect epinephrine, which you next into your outer thigh. DO NOT		
HOLD for 10 seconds	Called participation of the second se		
	Service Set and the second set		
Call 911	3 Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the		
Gell 911	emergency room.		
To view an instructional	video demonstrating how to use an		
	video demonstrating how to use an tor, please visit epipen.com.		
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