



# 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 \_\_\_\_\_ phone # \_\_\_\_\_

Health Care Provider signature (Required) \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contacts

### Trained Staff Members

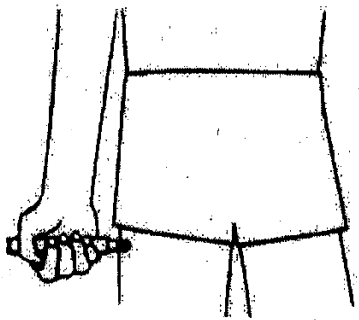
1. _____	1. _____ Room _____
Relation: _____ Phone _____	2. _____ Room _____
2. _____	3. _____ Room _____
Relation: _____ Phone _____	
3. _____	
Relation: _____ Phone _____	

EPIPEN® and EPIPEN® Jr. Directions

**1. Pull off blue safety release.**



**2. Hold orange 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.**