Must be	Allergy Action Plan	rm (000 1	216)	
Must be accompanied by a Medication Authorization Form (OCC 1216) CHILD'S NAME: Date of Birth:			Place Child's	
		Bate of Birtin.		Picture Here
ALLERGY TO: _				
s the child Asthma	tic? No Yes (If Yes = Higher Risk for Sev	ere Reaction	1)	
TREATMENT				
	sted a food allergen or exposed to an allergy trigger: ing or complaining of any symptoms		Give this I Epinephrine	Medication Antihistamine
	ngling, swelling of lips, tongue or mouth ("mouth feels	funny")		
	rash, swelling of the face or extremities	, , ,		
	lominal cramps, vomiting, diarrhea			
	swallowing ("choking feeling"), hoarseness, hacking	cough		
	of breath, repetitive coughing, wheezing			
AND THE RESIDENCE OF THE PARTY	ast pulse, low blood pressure, fainting, pale, bluenes	s		
Other:	ssing (several of the above areas affected)			
Potentially life-thre	eatening. The severity of symptoms can quickly chan inhalers and/or antihistamines cannot be depended on to replace		anaphylaxis.	
Medication			ose:	
Epinephrine: Antihistamine:				
Other:				
Doctor's Signature			Pate	
\ 0 044 / D		stared 2) Ca	II the parent. State t	hat an allergic
) Call 911 (or Res	cue Squad) whenever Epinephrine has been adminis	Stereu. Z) Ca	an abild	man am amongro
) Call 911 (or Res eaction has been t	cue Squad) whenever Epinephrine has been adminis reated and additional epinephrine may be needed. 3) Stay with th	ne child.	nav an anorgio
eaction has been t	cue Squad) whenever Epinephrine has been admini: reated and additional epinephrine may be needed. 3) Stay with th	ne child. one Number:	and the state of t
eaction has been t	reated and additional epinephrine may be needed. 3) Stay with th	one Number:	
eaction has been t	cue Squad) whenever Epinephrine has been adminis reated and additional epinephrine may be needed. 3 Name/Relationship) Stay with th	one Number:	
eaction has been to contact(s)	reated and additional epinephrine may be needed. 3) Stay with th	one Number:	5)
eaction has been to contact(s) Parent/Guardian 1	reated and additional epinephrine may be needed. 3) Stay with th	one Number:	5)
Parent/Guardian 2	reated and additional epinephrine may be needed. 3) Stay with th	one Number:	5)
eaction has been to contact(s) Parent/Guardian 1 Parent/Guardian 2 Emergency 1	reated and additional epinephrine may be needed. 3) Stay with th	one Number:	5)
eaction has been to coctor's Name:Contact(s) Parent/Guardian 1 Parent/Guardian 2 Emergency 1 Emergency 2	reated and additional epinephrine may be needed. 3) Stay with the Ph	one Number: Phone Number(: Number	S) Cell
Contact(s) Parent/Guardian 1 Parent/Guardian 2 Emergency 1 Emergency 2 *EVE	Name/Relationship) Stay with the Phear Daytime N	Phone Number(: Number MEDICATE AND CALL	Cell

Allergy Action Plan (Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's Picture Here

CHILD'S NAME:	Date of B	irth:	
ALLERGY TO:		,	
s the child Asthmatic?	Yes (If Yes = Higher Risk for	r Severe Reaction)	
he Child Care Facility will:			
Reduce exposure to allergen(s) by:	(no sharing food,		
☐ Ensure proper hand washing proced	dures are followed.		
Observe and monitor child for any si	igns of allergic reaction(s).		
☐ Ensure that medication is immediate	ely available to administer in	case of an allergic react	ion (in the
classroom, playground, field trips, e			
☐ Ensure that a person trained in Med		npanies child on any off-	site activity.
EPIPEN°	The Pa	rent/Guardian will:	
The state of the s		sure the child care facility	has a sufficient
(Epirephrine) Auto-Injectors 0.3/015mg			
Le bretter / / see of the section		oply of emergency medic	
wasproof (Anato milital)		place medication prior to	the expiration
(0)	dat		11/2 11/2 11/A
bue sefety 1 Pull off the blue	e safety release cap. MO	nitor any foods served b	y the child care
orange bp	fac	ility, make substitutions	or arrangements
material south	wit'	h the facility, if needed.	
	SHOWING THE PROPERTY.		
7 - 7 - 6 - L - L - L - L - L - L - L - L - L			
the outer thigh	ly push the orange tip against so it clicks.' HOLD on thigh for		
the outer thigh approximately 1	so it'clicks.' HOLD on thigh for 10 seconds to deliver the drug.		
the outer thigh approximately to Please note: 4s so	so it 'clicks.' HOLD on thigh for		
the outer thigh approximately 1 Pleasa note: As so thigh, the protective fars (sign which approximately 1).	so it'clicks,' HOLD on thigh for 10 seconds to deliver the drug.		
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