Allergy Action Plan Must be accompanied by a Medication Authorization Form (OCC 1216) CHILD'S NAME:							
CHILD'S NAME: Date of Birth: Place Child's Picture Here ALLERGY TO: Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction) TREATMENT Symptoms: Give this Medication The child has ingested a food allergen or exposed to an allergy trigger: Epinephrine Antihistamine But is not exhibiting or complaining of any symptoms Mouth: Itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomiting, diarrhea Throat: difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Astma inhaisers andor antihistammes cannot be depended on to replace epinophrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Dose: Epinephrine: Antihistamine: Other: Dotor'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(s) Daytime Number(s) Daytime Number Cell Parent/Guardian 1 Parent/Guardian 1 Emergency 2 **EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. **Hailin Case Provider or Alfarent Authorization be felicicary and administered deningled only 0 pys Is administered administer the administer the above medications as felicicary and administered administer deningled only 0 pys Is administered. Science sharps and comprehension only 10 pys Is administered. Science sharps and administered administered. Science sharps and administered administered. 1		Allergy Action Plan					
ALLERGY TO: Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction) TREATMENT Symptoms: The child has ingested a food allergen or exposed to an allergy trigger: Epinephrine Antihistamine But is not exhibiting or complaining of any symptoms Mouth: iching, tingling, swelling of light on tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of light on the face or extremities Gut nausea, abdominal cramps, vomiting, diarrhea Throat: difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung': shortness of breath, repetitive coughing, wheezing Heart': weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Astima inhalers and/or antihistamines cannot be depended on to replace epinephrine in enaphylaxis. Medication 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 Number: Cell Parent/Guardian 1 Parent/Guardian 1 Emergency 2 **EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. **Health Case Provider and Traven Autonotation for Deficary Ged Amministration and semiplical english only 10 yes Isotheric the child care provider to administer the above medications in indicated. Studies says and carepasted administer (chool again only 10 yes Divident the child care provider to administer the above medications in indicated. Studies says and carepasted administer (chool again only 10 yes Divident the administer the above medications in indicated. Studies says and carepasted administer (chool again only 10 yes) Divident the child care provided to administer the	Must be	1216)					
ALLERGY TO: Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction) TREATMENT Symptoms: Give this Medication The child has ingested a food allergen or exposed to an allergy trigger: Epinephrine Antihistamine But is not exhibiting or complaining of any symptoms Mouth: Itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, lichy rash, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, lichy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomitting, diarrhea Throat': difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart': weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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(s) 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. **Lean Care Provider and Parent Authorication so tredicated. Subsets may self-carrying-idelinistic pictool-aged only) I yes No	CLULD'S NAME.	_	Sata af Divida		Place Child's		
Is the child Asthmatic? No Yes (if Yes = Higher Risk for Severe Reaction) TREATMENT Symptoms: Give this Medication The child has ingested a food allergen or exposed to an allergy trigger: Epinephrine Antihistamine But is not exhibiting or complaining of any symptoms Mouth: tiching, tingling, swelling of lips, tongue or mouth ('mouth feels funny') Skin: hives, fichy rash, swelling of lips, tongue or mouth ('mouth feels funny') Skin: hives, fichy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomiting, diarrhea Throat": difficulty swallowing ('choking feeling'), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change." "IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Dose: Dose: Dose: Dottor'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 Daytime Number Cell Parent/Guardian 1 Parent/Guardian 2 Emergency 2 **EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. **Health Care Provider and Parent Authorication to Medicated. Swillers may seef carryined Edinbineter (school-aged ontol) By see No.	CHILD 5 NAME:	L	Date of Birth:				
TREATMENT Symptoms: The child has ingested a food allergen or exposed to an allergy trigger: But is not exhibiting or complaining of any symptoms Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomiting, diarrhea Throat": difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Astroma inhalers and/or antihistramines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Dose: 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(s) Daytime Number Cell Parent/Guardian 1 Parent/Guardian 2 Emergency 2 EVEN IF A PARENTIGUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. Inagen Care Provide and Parent Authorization for Selficarry Self Administration. Laudhortes the child care provider to administer the above medications on indicated. Shuturish may self careyed estimates (school-aged only) Days Dio	ALLERGY TO:	·	· ·				
Symptoms:	Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction)						
The child has ingested a food allergen or exposed to an allergy trigger: Epinephrine Antihistamine But is nor exhibiting or complaining of any symptoms Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomitting, diarrhea Throat": difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) *Potentially life-threatening. The severity of symptoms can quickly change. **IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Doctor's Signature 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 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 Cash Provider and Parent Authorization for Self-Carry Self-Administration I authorize the child care provider to adminisher the above medications as indicated. Students may self-Carry Self-Administration I authorize the child care provider to adminisher the above medications as indicated. Students may self-Carry Self-Administration	TREATMENT			L			
But is not exhibiting or complaining of any symptoms Mouth: liching: fungling, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itnyl rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomiting, diarrhea Throat": difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Astima inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Dose: Dose: 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 Number Cell Parent/Guardian 1 Parent/Guardian 2 Emergency 2 "EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. Health Cape Provider are Parent Authorization for Selfficancy Self Administration Lauthorize the child care provider to adminisher the above medications as indicated. Students may self Administration. Lauthorize the child care provider to adminisher the above medications as indicated. Students may self Administration.					Medication		
Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny") Skin: hives, itchy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomiting, diarrhea Throat': difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart': weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: asthme inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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 Number Cell Parent/Guardian 1 Parent/Guardian 2 Emergency 2 "EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. Health Care Provides are Parent Auditocation to Searchary Sent Auditocation in any sent Compyeld administer (school-laged only) p. p. No			r:	Epinephrine	Antihistamine		
Skin: hives, itchy rash, swelling of the face or extremities Gut: nausea, abdominal cramps, vomiting, diarrhea Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung*: shortness of breath, repetitive coughing, wheezing Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Dose: 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 Daytime Number (Sell Care) For Number (Sell Care) Gut Administration for Self-Care) Gut Administration fo							
Gut: nausea, abdominal cramps, vomiting, diarrhea Throat": difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung": shortness of breath, repetitive coughing, wheezing Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Doctor's Signature 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 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. **Habita Care Provider and Payert Authorication for Selficarry Self Administer (school-aged only) II yes DNO			els funny")				
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough Lung*: shortness of breath, repetitive coughing, wheezing Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "MPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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 Number(s) Daytime Number Cell Parent/Guardian 1 Parent/Guardian 2 Emergency 2 "EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911. Health Care Provider and Pavent Authoritzation for SalfCarry Self Administerification. I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer (school-aged only) yes No	Skin: hives, itchy r	ash, swelling of the face or extremities					
Lung*: shortness of breath, repetitive coughing, wheezing Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) *Potentially life-threatening. The severity of symptoms can quickly change. *IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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 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 Authoritzation to Staticary Self Administerif (school-aged only) Il yes No	Gut: nausea, abdo	ominal cramps, vomiting, diarrhea					
Lung*: shortness of breath, repetitive coughing, wheezing Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) *Potentially life-threatening. The severity of symptoms can quickly change. *IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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 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 Authoritzation to Staticary Self Administerif (school-aged only) Il yes No	Throat*: difficulty s	swallowing ("choking feeling"), hoarseness, hacking	na couah				
Heart": weak or fast pulse, low blood pressure, fainting, pale, blueness Other: If reaction is progressing (several of the above areas affected) *Potentially life-threatening. The severity of symptoms can quickly change. *IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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 Number Cell Parent/Guardian 1 Parent/Guardian 2 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 SelfiCarry Self Administration I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] [] yes No							
Other: If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication 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 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 Selficarry/Self administration I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] [] yes No			200				
If reaction is progressing (several of the above areas affected) "Potentially life-threatening. The severity of symptoms can quickly change. "IMPORTANT: Asthma inhalers and/or antithistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Epinephrine: Antihistamine: Other: Doctor's Signature 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 Number Cell Parent/Guardian 1 Parent/Guardian 2 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 SelfiCarry Self Administer (school-aged only) yes No		ist pulse, low blood pressure, fainting, pale, bluent					
*Potentially life-threatening. The severity of symptoms can quickly change. *IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication Dose: Epinephrine:							
**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis. Medication							
Epinephrine: Antihistamine: Other: Doctor's Signature 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 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 lauthorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No							
Antihistamine: Other: Doctor's Signature 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 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 Lauthorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Medication			Dose:			
Other: Doctor's Signature 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 Number(s) 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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer (school-aged only) □ yes □ No							
Doctor's Signature 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 Number (S) 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 Lauthorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] D yes No							
### 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:	Other:						
### 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:							
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:	Doctor's Signature			Date			
reaction has been treated and additional epinephrine may be needed. 3) Stay with the child. Doctor's Name:							
Doctor's Name:							
Contact(s) Name/Relationship Phone Number(s) 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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	reaction has been tr	eated and additional epinephrine may be needed.	3) Stay with	the child.			
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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Doctor's Name:		F	hone Number:			
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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No							
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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Contact(s)	Name/Relationship			(s)		
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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Contact(s)	Name/Relationship	Daytime	Number	Cell		
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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Parent/Guardian 1						
*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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Parent/Guardian 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 I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Emergency 1						
Health Care Provider and Parent Authorization for Self/Carry Self Administration I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	Emergency 2						
I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No	*EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.						
Parent/Guardian's Signature Date	I authorize the c				□yes □No		
	Parent/Guardian's S	ignature		Date			

Allergy Action Plan (Continued)

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 v	will:		
Reduce exposure to	allergen(s) by: (no sharing food,		
Ensure proper hand	washing procedures are followed		
	child for any signs of allergic rea		
		minister in case of an allergic react	ion (in the
classroom, playgrour			
Ensure that a person	trained in Medication Administra	tion accompanies child on any off-	site activity.
		7	
F	PIPEN®	The Parent/Guardian will:	
	AutoInjecous 03/015mg userguide	Ensure the child care facility	has a sufficient
		supply of emergency medic	ation.
//		Replace medication prior to	the expiration
		date	-
blue safety release cap	Pull off the blue safety release cap.	Monitor any foods served by	the child care
orange tip		facility, make substitutions of	or arrangements
		with the facility, if needed.	
	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.		
Turk - In	Please note: As soon as you release pressure from the thigh, the protective cover will extend.	-	
HOLD for	Each EpiPen Auto-Injector contains a single close of a medicine called epinephrine, which you inject into your outer thigh, DO NOT NIJECT INTO YOUR SULTIONS.		
10 seconds	as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.	<u>-</u>	
	Seek immediate emergency medical	-	
Call 911	attention and be sure to take the Epi Pen Auto-Injector with you to the	-	
	етегденсу гоот.		
		P	
To view an instructional v	ideo demonstrating how to use an		
	tor, please visit epipen.com.		
©2010 Day Pharma, L.P. All rights reserved.			Page 2
DEY* and the Day logic are registered trademarks of Day Pharms, L.	P. arks of Mylan Inc. licensed exclusively to its who lly-owned subsidiany, Dey Pharma, L.P.		