

Anaphylaxis (Life Threatening Allergy) Information

Emergency Plan for _____

Facility Name: _____ Facility Address: _____

Child's Full Name: _____

Date of Birth: _____

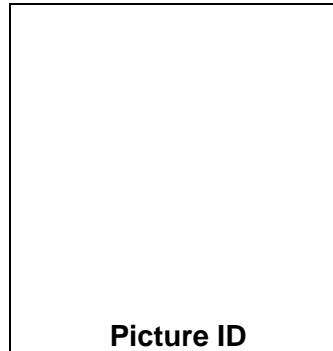
Parent/Guardian: _____

Phone (home): _____ Phone (work): _____

Emergency Contact: _____

Phone (home): _____ Phone (work): _____

Primary Care Provider: _____ Office Phone: _____



**DO NOT WAIT FOR SYMPTOMS TO GET WORSE
OR NEW SYMPTOMS TO BEGIN**

- **GIVE EPINEPHRINE**
- **CALL 911**
- **CALL PARENTS**

CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- peanuts nuts milk all dairy eggs shellfish fish
- Food additives (list): _____
- Insect stings (list): _____
- Medications (list): _____
- Other: _____

CHILD'S ANAPHYLAXIS SYMPTOMS ARE USUALLY:

- | | |
|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> swelling (eyes, lips, face, tongue) | <input type="checkbox"/> tingling of lips/mouth |
| <input type="checkbox"/> hives or itchy skin | <input type="checkbox"/> coughing or choking |
| <input type="checkbox"/> cold, clammy, sweaty skin | <input type="checkbox"/> flushed face or body |
| <input type="checkbox"/> fainting or loss of consciousness | <input type="checkbox"/> dizziness, confusion |
| <input type="checkbox"/> stomach cramps/diarrhea/vomiting | <input type="checkbox"/> change of voice |
| <input type="checkbox"/> difficulty breathing/swallowing | <input type="checkbox"/> heart rate changes (fast/slow) |
| <input type="checkbox"/> others (list): _____ | |

CHILD'S EMERGENCY TREATMENT:

- Medication is stored where? _____
- Epinephrine auto-injector – expiry date: _____
- Names of staff oriented to plan: _____
- Emergency plan review date (to do yearly): _____
- Field Trip Plans: _____

Other Instructions:

(it is the parent's responsibility to notify the facility of any change in the child's condition)

**Sign below if you agree with above
Information & Plan**

Primary Care Provider _____ Date _____

Parent/Guardian _____ Date _____

Childcare Supervisor/School
Personnel _____ Date _____