Allergy and Anaphylaxis Emergency Plan

Parent/Guardian Authorization Signature



Child has altergy to Child has altergy to Child has altergy to Child has had anaphylaxis. Yes No (If yes, higher chance severe reaction) Child has had anaphylaxis. Yes No (If child refuses/is unable to self-treat, an adult must give medicine) IMPORTANT REMINDER Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine. For Severe Allergy and Anaphylaxis What to look for If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine. Skin color is pale or has a bluish color Weak pulse Fainting or dizziness Tight or hoarse throat Trouble breathing or diarrhea (if severe or combined with other symptoms) Many hives or redness over body Feeling of "doom," confusion, altered consciousness, or agitation Special STIJATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): Even if child has had any mild symptoms, monitor child. Symptoms and the shad any mild symptoms, monitor child. Symptoms may include: • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort Matto look for Medicines/Doses Epinephrine, intramuscular (list type): Dose: Dose: D.15 mg D.30 mg (weight more than 25 kg) Antihistamine, by mouth (type and dose): Other (for example, inhaler/bronchodilator if child has asthma):			
Child has altergy to	Child's name:	Date of plan: Attach	
Child has asthma.	Date of birth:/ Age Weight:	Ng	
Child has had anaphylaxis.	Child has allergy to		
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	Epinephrine, intramuscular (list type):Antihistamine, by mouth (type and dose):		

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan



Child's name:	_Date of plan:
Additional Instructions:	
Contacts	
Call 911 / Rescue squad: ()	
Doctor:	Phone: (
Parent/Guardian:	Phone: ()
Parent/Guardian:	Phone: ()
Other Emergency Contacts	
Name/Relationship:	Phone: ()
Name/Relationship:	Phone: ()
	

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