Life Threatening Allergy Emergency Action Plan				
Child's Name:				
Child's Full Name:				
Date of Birth:				OR SYMPTOMS TO GET
Parent/Guardian:				
Phone (home):	Phone (work):	 	 GIVE EPINEPHRINE CALL 911 Specify "allergic reaction" & that <u>epinephrine</u> 	
Emergency Contact:		—	has been given l	by <u>auto-injector</u>
Phone (home): Phone (work):		—	 Provide location & telephone number Centre name: 	
Primary Care Provider:	Office Phone:	Picture ID	Centre address:	:
CHILD'S ANAPHYLAXIS TRIGGERS ARE:			 Centre phone #: Keep child lying down with feet elevated if unconscious or vomiting, put in side- 	
			lying position.CALL PARENTSAlways send ch	S hild to hospital after
ANYONE HAVING AN A		CTION MIGHT HAVE		ne medication which should be used
Face: Hives, itchy eyes, itchy Airway: Difficulty breathing, voice, sneezing, nasal conges	swallowing or speaking, co	lling of face, lips or tongue oughing or choking, change of	potentially life threatening	
Stomach: Stomach pain, vomiting, diarrhea			Antihistamines (e.g. Benadryl [™]) and <u>asthma</u> medications <u>should not</u> be used instead of epinephrine for treating anaphylaxis. It is the parent's responsibility to notify the facility of any change	
Total Body : Hives, itching, swelling, weakness, dizziness, lightheadedness, loss of consciousness, anxiety, feeling of doom				
CHILD'S EMERGENCY	-		it is the parent's responsibilities in the child's condition.	ແຮງ ເວັກວແຮງ ແກ ວ ເສບແແງ ປາ any change
Medication is stored where			Sign below if you agree	e with above information & plan:
□ Epinephrine auto-injector –			Derect/Oursel's	
☐ Field Trip Plans:			Parent/Guardian	Date
			Child Care Staff	Date