Must he	Allergy Action Plan accompanied by a Medication Authorization F	Form (OCC 1	(216)				
Must be	accompanied by a Medication Authorization i	0111 (000	1210)				
CHILD'S NAME:	Date of Birth:			Place Child's			
ALLERGY TO:				Picture Here			
Is the child Asthmat							
TREATMENT			_				
Symptoms:				Medication			
	ted a food allergen or exposed to an allergy trigger ng or complaining of any symptoms	:	Epinephrine	Antihistamine			
	gling, swelling of lips, tongue or mouth ("mouth fee	els funny")					
	rash, swelling of the face or extremities	and turning /					
	ominal cramps, vomiting, diarrhea						
	swallowing ("choking feeling"), hoarseness, hackin	g cough					
	of breath, repetitive coughing, wheezing						
Heart*: weak or fa	Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness						
Other:	• • • • • • • • • • • • • • • • • • • •						
If reaction is progres	ssing (several of the above areas affected)						
*IMPORTANT: Asthma i	atening. The severity of symptoms can quickly channalers and/or antihistamines cannot be depended on to replace	ce epinephrine in					
Medication			Dose:				
Epinephrine: Antihistamine:							
Other:							
Other.							
Doctor's Signature			Date				
EMERGENCY CALLS							
4) 6 11 644 / 5							
,	cue Squad) whenever Epinephrine has been admii reated and additional epinephrine may be needed.	,	•	that an allergic			
reaction has been a	eated and additional opinophiline may be needed.	o) olay willi	are orma.				
Doctor's Name:		<u> </u>	hone Number:				
			Phone Number(	s)			
Contact(s)	Name/Relationship	Daytime		Cell			
Parent/Guardian 1							
Parent/Guardian 2							
Emergency 1							
Emergency 2							
*EVEN	NIF A PARENT/GUARDIAN CANNOT BE REACHED, DO NO	T HESITATE TO	MEDICATE AND CALL	. 911.			
l authorize the d	Health Care Provider and Parent Authorization for Self hild care provider to administer the above medications as indicated. Student			]yes □ No			
Parent/Guardian's S	Signature	_	Date	Page 1			

## Allergy Action Plan (Continued)

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

Place Child's

ALLERGY TO:  Is the child Asthmatic?	CHILD'S NAME:		Picture Here		
The Child Care Facility will:  Reduce exposure to allergen(s) by: (no sharing food, Ensure proper hand washing procedures are followed.  Observe and monitor child for any signs of allergic reaction(s).  Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.)  Ensure that a person trained in Medication Administration accompanies child on any off-site activity.  The Parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, if needed.  The parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.  The parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.  The parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.  The parent/Guardian will: Ensure the child care facility has a sufficient supply of emergency medication. Replace medication prior to the expiration date Monitor any foods served by the child care facility, if needed.	ALLERGY TO:		2		
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Ensure proper hand washing procedures are followed.   Observe and monitor child for any signs of allergic reaction(s).   Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.)   Ensure that a person trained in Medication Administration accompanies child on any off-site activity.   Ensure that a person trained in Medication Administration accompanies child on any off-site activity.   Ensure the child care facility has a sufficient supply of emergency medication.   Replace medication prior to the expiration date   Pall of the blue calety release cap.   Pall of the blue calety release c					
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Seek immediate emergency medical attention and be sure to take the Epi Pen Auto-Injector with you to the emergency room.  To view an instructional video demonstrating how to use an Epi Pen Auto-Injector, please visit epipen.com.  Page	HOLD for	called epinephrine, which you right into your outer thigh DO NOT INJECT INTRAVENOUSLY DO NOT INJECT INTO YOUR BUTTOCK.	P-		
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