

Child Care Emergency Plan for Food Allergic Reactions

ALLERGY TO: _____

Child's Name: _____ Birth Date: _____

Asthma Yes* No *High Risk for severe reaction

Signs of an allergic reaction

Systems:

MOUTH

THROAT

SKIN

GUT

LUNG

HEART

Symptoms:

itching & swelling of the lips, tongue, or mouth

itching and/or a sense of tightness in the throat, hoarseness and hacking cough

hives, itchy rash, and/or swelling about the face or extremities

nausea, abdominal cramps, vomiting, and/or diarrhea

shortness of breath, repetitive coughing, and/or wheezing

"thready" pulse, "passing-out"

The severity of symptoms can quickly change. All the above symptoms can potentially be life-threatening.

ACTION FOR MINOR REACTION

If symptom(s) are: _____

Administer: _____

medication/dose/route

Then call: Parent/Guardian and Doctor

If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

Administer: _____ **IMMEDIATELY!**

Medication/dose/route

Call: 911 (Never hesitate to call 911)

Call: Parent or Guardian

Call: Doctor

Parent/guardian _____ phone: _____ cell phone: _____

Parent/guardian _____ phone: _____ cell phone: _____

Doctor _____ phone # _____

Parent/guardian signature _____ Date: _____

Doctor's signature (Required) _____ Date: _____