

# Allergy Action Plan

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Room # : \_\_\_\_\_

It is our policy that each child has an Allergy Action Plan on file, regardless of severity. If your child has a life-threatening allergy, required medication and a signed Administration of Medication form must be on file in order to attend. 911 will automatically be called if an epi-pen is administered. **Please list allergens in order of severity from greatest concern to least concern. Write only one per section.**

**ALLERGEN/INTOLERANCE (one per section):** \_\_\_\_\_

☐ ALLERGY (IgE)                      ☐ INTOLERANCE                      ☐ AVERSION (Religious/Choice)

**Symptoms are known to be:**    ☐Mild            ☐Moderate            ☐Severe (meds required)            ☐Life Threatening (Epi-Pen/911)

**KNOWN AFFECTED AREA(S):**    ☐ Mouth            ☐ Skin            ☐ Gut            ☐ Throat            ☐ Lungs            ☐ Heart

**EXPLANATION OF KNOWN SYMPTOMS:** \_\_\_\_\_

**ACTION PLAN:**    ☐Monitor            ☐Call Parents            ☐Medication \_\_\_\_\_            ☐ Epi-Pen and Call 911

**Asthmatic?**            ☐YES (Higher risk for severe reaction)            ☐NO

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**Asthmatic?**            ☐YES (Higher risk for severe reaction)            ☐NO

For a suspected or active food allergy reaction:





FOR ANY OF  
THE FOLLOWING

## SEVERE SYMPTOMS

-  **LUNG:** Short of breath, wheezing, repetitive cough
-  **HEART:** Pale, blue, faint, weak pulse, dizzy
-  **THROAT:** Tight, hoarse, trouble breathing/swallowing
-  **MOUTH:** Significant swelling of the tongue and/or lips
-  **SKIN:** Many hives over body, widespread redness
-  **GUT:** Repetitive vomiting or severe diarrhea
-  **OTHER:** Feeling something bad is about to happen, anxiety, confusion

OR MORE  
THAN ONE

## MILD SYMPTOM

-  **NOSE:** Itchy/runny nose, sneezing
-  **MOUTH:** Itchy mouth
-  **SKIN:** A few hives, mild itch
-  **GUT:** Mild nausea/discomfort



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Request ambulance with epinephrine.

**Do not depend on antihistamines. When in doubt, give epinephrine and call 911.**

## EMERGENCY CALLS

**In Case of a Life-Threatening Emergency, Call 9-1-1 FIRST!**  
**Our address is 1485 N. Los Robles Avenue, Pasadena, CA**

Name

Relationship

Phone Number

1

2

3

Name of Doctor

Name of Practice

Phone Number

☐ EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, I AUTHORIZE THE STAFF AT PCS TO MEDICATE AND/OR CALL 911!

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_