

Allergy Care Plan Request Form

Child's name:
Child's date of birth:
The child listed above attends our child care or early learning program. We have been informed that they have been diagnosed with an allergy.
Child Care Program Director:
Child Care Program:
Mailing Address:
Phone Number:
Fax Number:

Healthcare Provider: As a licensed child care program, we are required to meet state licensing standards (WAC 110-300-0215 and 110-300-0300). Please complete the following Allergy and Anaphylaxis Emergency Plan and, if necessary, a Medication Authorization Form. We need to know what the child is allergic to, the steps to take in response to a suspected allergic reaction, and any relevant food substitutions.

By signing below, I give permission to my child's healthcare provider to release the information requested above to my child care program.

Parent or Guardian Name (Printed):	
Parent or Guardian Signature:	
Date:	
Parent or Guardian Phone Number:	

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

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DEDICATED TO THE HEALTH OF ALL CHILDRE		
Child's name: Date	of plan:	
Date of birth:// Age Weight: Child has allergy to	child's	
Child has asthma. Child has had anaphylaxis. Child may carry medicine. Child may give him/herself medicine. IMPORTANT REMINDER Anaphylaxis is a potentially life-threating, severe allergic reference of the set of	ses/is unable to self-treat, an adult must give medicine)	
For Severe Allergy and Anaphylaxis	Give epinephrine! What to do	
If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine . • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Weak pulse	 Inject epinephrine right away! Note time when epinephrine was given. Call 911. Ask for ambulance with epinephrine. Tell rescue squad when epinephrine was given. 	

- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

□ SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): ______. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.

For Mild Allergic Reaction	Monitor child
What to look for	What to do
If child has had any mild symptoms, monitor child.	Stay with child and:
Symptoms may include:	Watch child closely.
 Itchy nose, sneezing, itchy mouth 	Give antihistamine (if prescribed).
A few hives	Call parents and child's doctor.
 Mild stomach nausea or discomfort 	 If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
Medicines/Doses	
Epinephrine, intramuscular (list type):	Dose:□ 0.10 mg (7.5 kg to less than13 kg)
	\Box 0.15 mg (13 kg to less than 25 kg)
	\Box 0.30 mg (25 kg or more)

	5.	0	,
Antihistamine, by mouth (type and dose):	(*Use 0.15 mg, if	0.10 mg	g is not available)

3. Stay with child and:

minutes.

• Antihistamine

Inhaler/bronchodilator

side.

4.

• Call parents and child's doctor.

medicine in place of epinephrine.

• Give a second dose of epinephrine, if symptoms

• Keep child lying on back. If the child vomits or has

trouble breathing, keep child lying on his or her

Give other medicine, if prescribed. Do not use other

get worse, continue, or do not get better in 5

Other (for example, inhaler/bronchodilator if child has asthma): _

Parent/Guardian Authorization Signature

nature Date

Physician/HCP Authorization Signature Date

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Allergy and Anaphylaxis Emergency Plan

Call 911 / Rescue squad: _____

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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Doctor:	Phone:
Parent/Guardian:	Phone:
Parent/Guardian:	Phone:
Other Emergency Contacts	
Name/Relationship:	Phone:
Name/Relationship:	Phone:

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There are many different types of Epinephrine auto-injectors. Always follow the instructions on the medication label, as well as any child-specific instructions from parents or guardians.

Below are common types of epinephrine auto-injectors and how to use them. These instructions* DO NOT replace staff training by the parent or guardian.

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO 1. Remove Auvi-Q from the outer case. Pull off red safety guard. 2. Place black end of Auvi-Q against the middle of the outer thigh. 3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds. 4. Call 911 and get emergency medical help right away. HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN 1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube. 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up. 3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away. HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS 1. Remove epinephrine auto-injector from its protective carrying case. 2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward. 3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away. 4. HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, **TEVA PHARMACEUTICAL INDUSTRIES** 1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it. 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release. 3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh. 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away. HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP) When ready to inject, pull off cap to expose needle. Do not put finger on top of the device. 1. 2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary. 3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds. 4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away. 5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle. ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS: Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of 1. accidental injection, go immediately to the nearest emergency room.

- 2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- 3. Epinephrine can be injected through clothing if needed.
- 4. Call 911 immediately after injection.