

Please complete if your health care provider does not provide and Action Plan for Allergies.

Easton Community Center's
Action Plan for Allergies if Anaphylactic

Child's Name _____ Grade _____

Allergic to: _____

Symptoms of Anaphylaxis

- Mouth-itching, swelling of lips and/or tongue**
- Throat-itching, tightness/closure, hoarseness***
- Skin-itching, hives, redness, swelling**
- Gut-vomiting, diarrhea, cramps**
- Lung-shortness of breath, cough, wheeze***
- Heart-weak pulse, dizziness, passing out***

ONLY A FEW SYMPTOMS MAY BE PRESENT. SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY.

*SOME SYMPTOMS MAY BE LIFE-THREATENING. ACT FAST!!!

If child ingests or thinks he/she ingested the above-named food but carries a disclaimer or stung by an insect (may contain, processed in, packaged in, etc) OBSERVE for onset of symptoms BEFORE initialing protocol sequence.

- 1-Administer Benadryl/Diphenhydramine**
- 2-Observe child for symptoms of anaphylaxis**
- 3-Administer epinephrine if symptoms occur**
- 4-Call 911**

5-Notify parent

*******If you notice symptoms of anaphylaxis first, skip step #1 and act on step #3.**

Parent Signature _____

ECC Staff Member Signature Certified to Administer _____

Care Plan Form

Please complete if your health care provider did not provide an Action Plan for Asthma or mild allergies.

Date _____

Child's Name _____

Chronic Disease Assessment: Results taken from medical form submitted.

Circle One:

Asthma: mild moderate severe exercised induced unclassified

Please explain reaction:

Diabetes: Type 1 Type 2

Anaphylactic Reaction: Insect latex

Please list and explain reaction:

Other: _____

ECC Plan of Action:

Parent Signature: _____

ECC Camp First Aider Signature: _____