

Allergy Action Plan: _____

This person has a potential life-threatening allergy (anaphylaxis) to:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Medication: |
| <input type="checkbox"/> Milk | _____ |
| <input type="checkbox"/> Other: | |
| _____ | |

Epinephrine Auto-Injector: Expiry Date: _____

Brand: _____ Dosage: _____ mg

Location of Auto-Injector: _____

A person having an allergic or anaphylaxis reaction might have ANY of these signs and symptoms:

- **Skin:** Hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/ tightness, nasal congestion, trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, headache

Act quickly. The first sign of reaction can be mild, but symptoms can get worse very quickly.

1. **Administer epinephrine auto-injector** at the first sign of reaction occurring in conjunction with known or suspected contact with allergen.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Call parent/guardian or contact person.**
4. **Call supervisor or manager** to advise them what has taken place.
5. **Additional directions in emergency situation:** _____

Emergency Contact Information:

Contact Name	Relationship	Home Phone Number	Cell Phone Number	Work Phone Number

The undersigned parent/guardian authorizes staff to be able to administer epinephrine to the above-named person in the event of an allergy or anaphylaxis reaction, as described above.

I understand that the supervisor had epinephrine injector training that was provided to staff/volunteers as per attached record.

Parent/Guardian Signature

Date