

# ALLERGY ACTION PLAN

## Miramont Lifestyle Fitness

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

At Risk for Severe Allergic Reaction to the Following: \_\_\_\_\_

Asthma:     **YES**     **NO**

### Contact Information

Primary Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Physician Information

Physician: \_\_\_\_\_ Physician Contact Phone: \_\_\_\_\_

**CHECK HERE FOR IMMEDIATE  
ADMINISTRATION OF EPINEPHRINE  
UPON ALLERGEN EXPOSURE (NO  
ANTIHISTAMINE)**



## B: FOR SEVERE SYMPTOMS

*Examples:*

*Shortness of breath, wheezing, coughing*

*Face turning blue, weak pulse, dizziness, confusion*

*Trouble breathing or swallowing*

*Hive break out in different areas over body*

*Swelling of face, eyes, lips*



## A: FOR MILD SYMPTOMS

*Examples:*

*Itchy Mouth*

*Minimal Hives around Mouth and Face*

*Mild Itching*

*Mild Nausea/Discomfort*



### 1. Give Antihistamine

Benadryl/Diphenhydramine Dosage: \_\_\_\_\_

Other \_\_\_\_\_ Dosage: \_\_\_\_\_

**2. Alert Healthcare Professional and Parents**

**3. Monitor Child for at least 30 minutes to see if symptoms progress.**



**CHECK HERE** to give epinephrine according to BOX B if symptoms progress.



### 1. INJECT EPINEPHRINE INTO THE THIGH IMMEDIATELY

**CHECK ONE:**

EpiPen Jr. (0.15mg)      EpiPen (0.3mg)

Auvi-Q (0.15mg)      Auvi-Q (0.3mg)

Other: \_\_\_\_\_

### 2. CALL 911 ASAP

Request an ambulance with epinephrine

Note time when epinephrine was given

A 2nd dose of epinephrine can be given if symptoms do not subside after five minutes or more

### ADDITIONAL COMMENTS OR INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

Physician Signature: \_\_\_\_\_

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