

**Allergy Action Plan- Orchard Hill Christian Preschool and Child Care**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Allergen: \_\_\_\_\_

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

Potential Reaction: \_\_\_\_\_

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

If exposure occurs, but no symptoms are present, epinephrine to be given- YES \_\_\_\_\_ NO \_\_\_\_\_

If exposure occurs and minor symptoms are present-skin itchiness, runny/itchy nose, mild nausea or discomfort- an antihistamine like Benadryl (diphenhydramine) can be given if provided by parent/guardian. Dose to administer \_\_\_\_\_ (must be in liquid form)

If your child is exposed and symptoms are present (difficulty breathing, cough, wheezing, palpitations, weakness, tight throat, drooling, difficulty swallowing, vomiting, diarrhea, confusion rash, hives, itchy throat, swelling, dizziness, or any of the reactions stated by parent/guardian) **EPINEPHERINE WILL BE ADMINISTERED.**

We will then contact the parent/guardian and immediately call 911. Your child will be transported to \_\_\_\_\_ hospital (if we are unable to contact you or don't have this information, your child will be transported to Helen DeVos Children's Hospital)

If you have further direction, please note it here:

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

Parent/Guardian signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_