

**CSMA
ALLERGY PREVENTION RESPONSE**



Child's Name _____ Birth Date: _____

Parent/Guardian Name _____ Contact Number: _____

Physician Name _____ Contact Number: _____

Please complete the following for each known allergy.

1. Allergy to: _____

- Please check this is a severe allergy and if your child is prescribed an epi-pen**

Description of allergy:

Specific triggers:

What things should be avoided due to allergy:

2. Symptoms of allergies: (please circle the following symptoms)

<u>SEVERE SYMPTOMS</u>		
LUNG shortness of breath wheezing repetitive cough	HEART pale/blueish Skin faintness weak pulse, dizziness	THROAT tight or hoarse throat trouble breathing or swallowing
SKIN many hives over body widespread redness	MOUTH significant swelling of tongue or lips	GUT repetitive vomiting or severe diarrhea
OTHER feeling something bad is about to happen, anxiety, confusion _____	OTHER _____	OTHER _____

***FOR ANY SEVERE SYMPTOMS INJECT EPINEPHERINE!**

<u>MILD SYMPTOMS</u>	
NOSE itchy or runny nose sneezing	SKIN A few hives mild itch
MOUTH itchy mouth	GUT mild nausea or discomfort

***FOR MORE THAN ONE MILD REACTION INJECT EPINEPHERINE!**

3. Treatment/Medication:

- Inject Epinephrine - call 911 – notify parents
- Give Medication – notify parents
- other: _____
- other: _____

4. Precautions and/or possible adverse reactions:

(over)

5. Medication/Doses:

Epinephrine Brand: _____ Dose: (circle one) 0.15 mg IM 0.3 mg IM

Antihistamine Brand: _____ Dose: _____

Other: (e.g. inhaler-bronchodilator if wheezing) _____

TO BE COMPLETED BY CSMA STAFF

Where in the program will the child receive care when a reaction occurs? _____

Who will take charge of the situation? _____

What will the staff do if the child is in the classroom? _____

on the playground? _____

on a field trip? _____

Where are medications stored? _____

Who will call Emergency Medical System? (911) _____

Who will call parents? _____

Who will go with the child to the hospital and stay until the parents can assume responsibility?

Who will care for the other children if the caregiver is away from the group? _____

I give permission for the staff at Cyprus schools to follow this allergy action plan.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____