TRSNS EMERGENCY ACTION PLAN **School Year 20__ - 20__**

Patient Name: _____ **Age:**_____ **D.o.B:**_____

Allergies: _____

Asthma: Yes ☐ **No** ☐ **Other conditions**_____

ALLERGIC REACTION TREATMENT:

Symptoms:

If a child with allergies exhibits any of the following symptoms,

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

Then, give the child:

Diphenhydramine HCl:	Dosage: _____ If condition does not improve within ___ minutes or seems to worsen, follow steps for a major reaction.
Other Antihistamine:	Medication: _____Dosage: _____ If condition does not improve within ___ minutes or seems to worsen, follow steps for a major reaction.
Epinephrine ☐ Epi Pen Jr ☐ AviQ	Medication: _____Dosage: _____ If rescue squad has not arrived within 15 minutes, should child be injected a second time?: Yes ____ No _____
Other Medication	Medication: _____Dosage: _____ If condition does not improve within ___ minutes or seems to worsen, follow steps for a major reaction.

OTHER CONDITION TREATMENT:

If a child with _____, presents with_____

_____

_____

Then, give the child:

Other Medication	Medication: _____Dosage: _____
Other Medication	Medication: _____Dosage: _____

Physician's Signature: _____***Phone Number:*** _____***Date:***_____

EMERGENCY CALLS

**** CALL 911**

Parent 1:_____ Parent 2_____

Phone Number: _____ Phone Number:_____

Emergency Contact: _____Relationship to child_____

Emergency Contact Phone Number: _____

Physician: _____Phone Number_____

Allergist or other Specialist: _____Phone Number_____

My child has required the use of their emergency medication _____ times, most recently on _____.

This was necessary because he/she exhibited the following symptoms: _____

_____

The symptoms were caused by _(food, bee, sting, etc.) : _____

_____ _____.

Parent Signature: _____ Date: _____

***** All medication must be presented in original packaging and expire after the end of the current school year. ******