CHRYSALIS
a grace place for children

Allergy Emergency Action Plan

Student's Name: _____ **DOB:** _____

Allergens: _____

STEP 1: TREATMENT

Symptoms:

1) If a food allergen has been ingested but no symptoms:
2) Mouth: Itching, tingling, or swelling of lips or tongue.
3) Skin: Hives, itchy rash, swelling of the face or extremities.
4) GI: Nausea, abdominal cramps, vomiting, diarrhea
5) Throat: Tightening of throat, hoarseness, hacking cough.
6) Lungs: Shortness of breath, repetitive coughing, wheezing.
7) Heart: Weak or thread pulse, low blood pressure, fainting, pale, blueness.
8) Other: _____
9) If reaction is progressing (several of the above areas affected), give:

Give Checked Medication:

☐ Epinephrine	☐ Antihistamine	☐ Other	
☐ Epinephrine	☐ Antihistamine	☐ Other	
☐ Epinephrine	☐ Antihistamine		
☐ Epinephrine	☐ Antihistamine	☐ Other	
☐ Epinephrine	☐ Antihistamine	☐ Other	
☐ Epinephrine	☐ Antihistamine	☐ Other	
☐ Epinephrine	☐ Antihistamine		
☐ Epinephrine	☐ Antihistamine	☐ Other	
☐ Epinephrine	☐ Antihistamine	☐ Other	

Epinephrine (brand and dose)_____

Antihistamine (brand and dose)_____

Other _____

STEP 2: EMERGENCY CONTACTS

1. Dr. _____ Phone Number: _____
2. Parent(s)_____ Phone Number(s) _____
3. Emergency Contacts: Name/Relationship Phone Number(s)
   a._____ 1)_____ 2)_____
   b._____ 1)_____ 2)_____

Would you like this emergency plan posted in the classroom? Yes ☐ No ☐

Parent signature below authorizes Chrysalis Christian Preschool staff to consult with the healthcare provider listed below for any concerns regarding the treatment or care of the child listed above. Emergency action plans must be renewed annually.

Parent/Guardian's
Signature _____ Date _____

Healthcare
Provider's Signature _____ Date _____