

**Allergy and Anaphylaxis
Medication Administration Authorization Plan**

Place Child's Picture Here (optional)

This form must be completed fully in order for Child Care Providers/staff to administer the required medication and follow the plan. **This authorization is NOT TO EXCEED 1 YEAR.**
Page 1 to be completed by the Authorized Health Care Provider.
FOR ALLERGY AND ANAPHYLAXIS MEDICATION ONLY - THIS FORM REPLACES OCC 1216

CHILD'S NAME: _____ Date of Birth: ____/____/____ **Date of plan:** _____
 Child has **Allergy to** _____ Ingestion/Mouth Inhalation Skin Contact Sting Other _____
 Child has had anaphylaxis: Yes No
 Child has asthma: Yes No (If yes, higher chance severe reaction) Child
 may self-carry medication: Yes No
 Child may self-administer medication: Yes No

Allergy and Anaphylaxis Symptoms	Treatment Order	
If child has ingested a food allergen, been stung by a bee or exposed to an allergy trigger	Antihistamine :Oral /By Mouth <input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911	Epinephrine(EpiPen) IM Injection in Thigh <input type="checkbox"/> Call 911 <input type="checkbox"/> Call Parent
is Not exhibiting or complaining of any symptoms, OR		
Exhibits or complains of any symptoms below:		
Mouth: itching, tingling, swelling of lips, tongue ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Other:		
If reaction is progressing (several of the above areas affected)		

Potentially life threatening. The severity of symptoms can quickly change

Medication	Medication: Brand and Strength	Dose	Route	Frequency
Epinephrine(EpiPen)				
Antihistamine				
Other:				

EMERGENCY Response:

- 1) **Inject epinephrine right away! Note time when epinephrine was administered.**
- 2) Call 911: Ask for ambulance with epinephrine. Advise rescue squad when epinephrine was given. Stay with child.
- 3) Call parents. Advise parent of the time that epinephrine was given and 911 was called.
- 4) Keep child lying on his/her back. If the child vomits or has trouble breathing, place child on his/her side.
- 5) Give other medicine, if prescribed.

PRESCRIBER'S NAME/TITLE		Place stamp here
TELEPHONE	FAX	
ADDRESS		

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) _____ **DATE** (mm/dd/yyyy) _____

Allergy Action Plan (Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)



CHILD'S NAME: _____ **Date of Birth:** _____

ALLERGY TO: _____

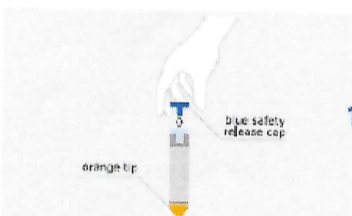
Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction)

The Child Care Facility will:

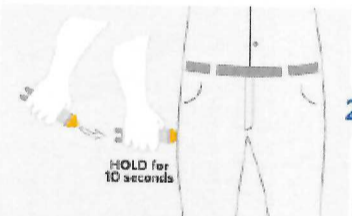
- Reduce exposure to allergen(s) by: (no sharing food, _____)
- Ensure proper hand washing procedures are followed. _____
- Observe and monitor child for any signs of allergic reaction(s). _____
- Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.) _____
- Ensure that a person trained in Medication Administration accompanies child on any off-site activity. _____
- _____
- _____
- _____
- _____

EPIPEN®
(EpiPen®) Auto-Injectors 0.3/0.15mg

userguide



1 Pull off the blue safety release cap.



2 Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.

Placemats: As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK. Always use with care. Do not use if you have a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

Call 911

3 Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.

To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit epipen.com.

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The Parent/Guardian will:

- Ensure the child care facility has a sufficient supply of emergency medication.
- Replace medication prior to the expiration date
- Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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