



## FOOD ALLERGY EMERGENCY PLAN

*This form is in compliance to the new state law passed 9/1/2016 for childcare facilities under Texas Department of Family and Protective Services Minimum Standards 746.3817.*

**This plan must be signed and dated by your child's health care physician.**

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

Doctor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please complete one form FOR EACH known Allergy. This is only related to food, specific bugs, etc. (anything other than seasonal allergies.)**

The child is allergic to \_\_\_\_\_.

Possible Symptoms if exposed to include:

Specific steps to take if the child has an allergic reaction to this above mentioned food or other allergen:

*By signing below, the parent or guardian of this child gives Day School for Little People and Cedar Bayou Grace UMC permission to post the child's food or other allergy in the food serving and food preparation areas as well as the office and classrooms.*

Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

*For licensed center use:*

\_\_\_\_\_ Food Allergy Emergency Plan has been posted in the classroom and food service areas

\_\_\_\_\_ Food Allergy Emergency Plan has been posted in food preparation areas

\_\_\_\_\_ Food Allergy Emergency Plan has been included in the emergency evacuation binder

\_\_\_\_\_ Food Allergy Emergency Plan has been posted in the office and recorded in the child's folder & Procure

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

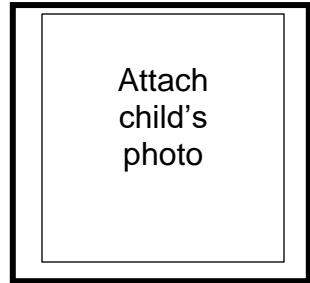
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Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_kg

Child has allergy to \_\_\_\_\_



- Child has asthma.  Yes  No (If yes, higher chance severe reaction)  
Child has had anaphylaxis.  Yes  No  
Child may carry medicine.  Yes  No  
Child may give him/herself medicine.  Yes  No (If child refuses/is unable to self-treat, an adult must give medicine)

## IMPORTANT REMINDER

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

### For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

**SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

### Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
  - Ask for ambulance with epinephrine.
  - Tell rescue squad when epinephrine was given.
3. Stay with child and:
  - Call parents and child's doctor.
  - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
  - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
  - Antihistamine
  - Inhaler/bronchodilator

### For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.**

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

### Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.10 mg (7.5 kg to less than 13 kg)\*  
 0.15 mg (13 kg to less than 25 kg)  
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): \_\_\_\_\_ (\*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

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Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

## Contacts

Call 911 / Rescue squad: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_