FIRST Baptist CHURCH Pflugerville
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VBS Emergency Allergy Action Plan

Allergy to: _____

Student's Name: _____ **Date of Birth** ____/____/_____

Weight _____ **Date Weighed** ____/____/_____ **Asthmatic? Yes ☐ No ☐**

Parent/guardian: _____ Home: (____)_____-_____ Work/Cell: (____)_____-_____

Parent/guardian: _____ Home: (____)_____-_____ Work/Cell: (____)_____-_____

Other Contact: _____ Home: (____)_____-_____ Work/Cell: (____)_____-_____

Symptoms:

The severity of symptoms can quickly change. All symptoms below can potentially progress to a life-threatening situation.

Circle Medication:

If a food allergen has been ingested, but *no symptoms*:	Epinephrine	Antihistamine
Mouth — Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
Skin — Hives, itchy rash, swelling of the face or extremities	Epinephrine	Antihistamine
Gut — Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
Throat — Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
Lung — Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
Heart — Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
Other _____	Epinephrine	Antihistamine

To treat with antihistamine:

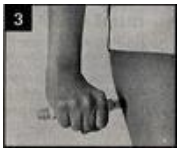
1. Administer _____ (dose) of _____ (name of antihistamine) by mouth.
2. Contact parent or emergency contact person
   (List all who should be contacted): _____

Action for a SEVERE Allergic Reaction and to treat with Epi-Pen:

1. Give EpiPen® or EpiPen Jr® immediately.
2. ***Call 911 immediately***. EpiPen ® only last 20-30 minutes.
3. Contact parent or emergency contact person.

Special instructions: _____

Directions for EpiPen®:



1. Pull off blue cap.
2. Place orange tip against upper outer thigh.
3. Press hard into outer thigh (may go through clothing) until it clicks, then count to 10 before removing.
4. Discard in sharps container.

Parent/Guardian_____ **Signature** _____ **Date:** ____/____/_____