



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

the KEENE FAMILY YMCA

Child Care Emergency Plan for Allergic Reactions

ALLERGY TO: _____

Child's Name _____ DOB _____

Does your Child have Asthma? YES NO

Does your child have an Epi Pen? YES NO

Signs of an Allergic Reaction

- Mouth itching, swelling of the lips, tongue or mouth
- Throat itching, and/or a sense of tightness in throat, coughing, hoarseness
- Skin hives, itchy rash, and/or swelling about the face or extremities
- Gut nausea, cramps, vomiting and/or diarrhea
- Lungs shortness of breath, repetitive coughing, and/or wheezing
- Heart Rapid pulse and "passing out"

ACTION FOR MINOR REACTION

If symptom(s) are: _____

- Administer: _____
- Call Parent/Guardian
- If conditions does not improve within 10 minutes, follow steps for Severe Reaction below:

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

- Administer: _____
- Call 911
- Call Parent/Guardian

Parent Name/Phone Number _____

Parent Signature _____ Date _____

Doctors Name/Phone Number _____

Doctors Signature _____ Date _____