

Allergy Action Plan

Medical and Permission form must also be completed.

My child has an allergy to a substance that results in anaphylaxis – a severe allergic response.

1 Participant Information	
Child's name	Date of birth (mm/dd/yyyy)
Parent/Legal Guardian name	I am the child's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Email	Phone number
Emergency contact name	Phone number
Program name	
My child carries an epinephrine auto-injector such as an EpiPen® <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date (mm/dd/yyyy)
Describe the location of the epinephrine auto-injector*	
* If program location is a school, Township staff do not have access to the office after school hours.	

Note: Epinephrine auto-injector must be prescribed to the child. Please ensure epinephrine injector is labelled with your child's name.

2 Triggers
Triggers for anaphylaxis in my child (check all that apply) <input type="checkbox"/> Dairy <input type="checkbox"/> Eggs <input type="checkbox"/> Fish <input type="checkbox"/> Gluten <input type="checkbox"/> Nuts <input type="checkbox"/> Peanuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Other
Food
Insect stings
Medications
Other

SEE NEXT 

3 Symptoms

Symptoms of anaphylaxis for my child (check all that apply)

- Abdominal cramps
- Difficulty breathing or swallowing
- Headache
- Itching of skin, raised rash, hives
- Loss of consciousness
- Nausea
- Swelling and/or flush of tissues of eyes, lips, tongue, throat, hands, and/or feet
- Wheezing, shortness of breath, coughing, hoarseness
- Vomiting
- Other (describe below)

4 Emergency Plan

In the event of a severe allergic reaction we will administer your child's epinephrine auto-injector and call 9-1-1.

In the event of a less severe allergic reaction, we will follow the plan you create below.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Note: Emergency plan will be reviewed by a supervisor who will follow up with you should they have any questions or concerns.

5 Parent/Legal Guardian Consent

I acknowledge that my child has an allergy to a substance that results in anaphylaxis. I provide my consent, to Township of Langley recreation staff, to administer the epinephrine auto-injector, as described on this form, if an anaphylactic reaction occurs in my child.

Parent/Guardian signature

Print name

Date (mm/dd/yyyy)