EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM
SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT

Snohomish County Human Services

EMERGENCY PLAN FOR SEVERE ALLERGY

Child's Name:	**Allergy to**:
Birthdate:	Class/Teacher
Asthmatic: ☐Yes* ☐No	*High risk for severe reaction

Signs of an allergic reaction

System	Symptoms
Mouth	Itching & swelling of the lips, tongue & mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash, and swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	shortness of breath, repetitive coughing, and/or wheezing
Heart	"thread" pulse, "passing out"

The severity of symptoms can quickly change. All above symptoms can potentially progress and become life threatening.

If ingestion is suspected, and/or child is having any of the above symptoms:

1. _____administer prescribed epinephrine (EpiPen™) immediately. Location of (EpiPen™)_____. AND/OR

2. _____administer other prescribed medication

_____ _____

Medication and dosage *Medication and dosage*

3. Call 911

4. Call parent_____Phone_____

5. Call Child's Dr._____Phone_____

6. Stay with the child at all times

_____ _____

Parent Signature/Date *Doctor's Signature/Date*

Source: Snohomish Health District
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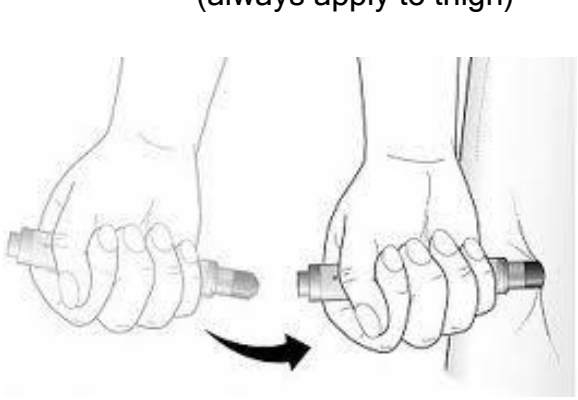
DIRECTIONS FOR EPIPEN

1. Pull off safety cap

2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto Injector mechanism functions. Hold in place and count to 10.

The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.