



**ANAPHYLAXIS ACTION PLAN**

*This record is to be completed by parents or guardians in consultation with their child’s doctor  
EpiPen must be within its use by date and provided in a cool bag*

Child’s first name:	
Child’s last name:	
Date of birth:	
Age:	
Parent/ guardian’s full name:	
Is the child listed with the Ambulance as an acute case?	YES   NO

<p><b>MILD TO MODERATE ALLERGIC REACTION</b></p> <ul style="list-style-type: none"> <li>▪ Swelling of lips, face, eyes</li> <li>▪ Hive or welts</li> <li>▪ Abdominal pain, vomiting</li> </ul>	<p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>▪ Stay with child and call for help</li> <li>▪ Give Medications (if prescribed)</li> <li>▪ Locate Epi-Pen</li> <li>▪ Contact Parent/carer</li> <li>▪ Watch for Signs of Anaphylaxis</li> </ul>
--	--

<p><b>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</b></p> <ul style="list-style-type: none"> <li>▪ Difficulty/noisy breathing</li> <li>▪ Swelling of tongue</li> <li>▪ Swelling/tightness in throat</li> <li>▪ Difficulty talking and/or hoarse voice</li> <li>▪ Wheeze or persistent cough</li> <li>▪ Loss of consciousness and/or collapse</li> <li>▪ Pale and floppy (young children)</li> </ul>	<p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>▪ Give EpiPen</li> <li>▪ Call Ambulance. Telephone 000</li> <li>▪ Contact Parent/carer</li> </ul> <p style="text-align: center;"><b>IF IN DOUBT GIVE EPI-PEN</b></p>
--	--

<p><b>HOW TO GIVE EPI-PEN</b></p> <ol style="list-style-type: none"> <li>1. Form fist around EpiPen and pull off grey cap</li> <li>2. Place black end against outer mid-thigh</li> <li>3. Push down HARD until a click is heard or felt and hold in place for 10 seconds.</li> <li>4. Remove the EpiPen and be careful not to touch the needle. Massage injection site for 10 seconds.</li> </ol>
---

- In the event of an allergic reaction attack at camp, I agree to my son or daughter receiving the treatment described above.
- I will notify you in writing if there are any changes to these instructions.
- Please notify me if my child has received treatment for an allergic reaction.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

If your preferred emergency Action Plan differs from above, please attach after consulting with your child’s doctor. This plan should include step by step instructions to help staff manage this particular individual’s allergic reactions. It should also indicate the specific circumstance in which an ambulance should be called.

Parent/guardian name: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_