



FOOD ALLERGIES IN CHILD CARE





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Introduction

We are all concerned with creating safe and nurturing environments for children. The food we serve to children is part of a child's environment. For children with food allergies, a healthy and commonly served food could cause mild to severe physical symptoms, even death. The only way to protect a child from an allergic reaction is to completely eliminate the food from the child's environment. This booklet gives basic information and tools for responding to the needs of a child with food allergies. Contact your Public Health Nutritionist for supporting information and assistance with procedures and plans that suit the needs of your program.

This handbook was compiled by Public Health Nutritionists. We work as part of the Child Care Health Program which includes Public Health Nurses, a Psychologist and Health Educators. We work together to provide assistance to child care programs within King County. If you have any questions about the materials in the handbook, please feel free to call the Child Care Health Program Nutritionist at (206)-263-8680.



Food Allergy Facts and Statistics for the U.S.

- Food allergy is a growing public health concern.
- As many as 15 million people have food allergies.
 - An estimated 9 million, or 4%, of adults have food allergies.
 - Nearly 6 million or 8% of children have food allergies with young children affected most.
- Boys appear to develop food allergies more than girls.
- Food allergies may be a trigger for or associated with other allergic conditions, such as atopic dermatitis and eosinophilic gastrointestinal diseases.
- Although childhood allergies to milk, egg, wheat and soy generally resolve in childhood, they appear to be resolving more slowly than in previous decades, with many children still allergic beyond age 5 years. Allergies to peanuts, tree nuts, fish, or shellfish are generally lifelong allergies.



Food Allergies are on the Rise

- The prevalence of food allergies and associated anaphylaxis appears to be on the rise.
 - According to a study released in 2008 by the Centers for Disease Control and Prevention about an 18% increase in food allergy was seen between 1997 and 2007.
 - The prevalence of peanut allergy among children appears to have tripled between 1997 and 2008.

Top Food Allergens

- Eight foods account for 90% of all food-allergic reactions: milk, eggs, peanuts, tree nuts (e.g., walnuts, almonds, cashews, pistachios, pecans), wheat, soy, fish, and shellfish. Estimated prevalence, some based on self-report, among the U.S. population:
 - Peanut: 0.6-1.3%
 - Tree nuts: 0.4-0.6%
 - Fish: 0.4%
 - Crustacean shellfish (crab, crayfish, lobster, shrimp): 1.2%



- All seafood: 0.6% in children and 2.8% in adults
- Milk and egg: based on data within and obtained outside the United States, this rate is likely to be 1-2% for young children and 0.2-0.4% in the general population.

Managing Food Allergies

Cooking and Cleaning

- A study showed that peanut can be cleaned from the hands of adults by using running water and soap or commercial wipes, but not antibacterial gels alone. In addition, peanut was cleaned easily from surfaces by using common household spray cleaners and sanitizing wipes but not dishwashing liquid alone.
- Some studies have shown that most individuals with peanut and soy allergies can safely eat highly refined oils made from these ingredients. However, cold-pressed, expeller-pressed, or extruded oils should be avoided. Talk to your doctor about avoiding oils made from ingredients to which you are allergic.
- Casual exposure, such as skin contact and inhalation, to peanut butter is unlikely to elicit significant allergic reactions.
 - *Note: Casual exposure presents a greater risk to young children who frequently put their hands in their mouths. Depending on the amount of contact and the location of the contact, these reactions are occasionally more serious.*
 - Food proteins released into the air from vapor or steam from foods being cooked (e.g., fish, milk) can potentially cause allergic reactions, but this is uncommon and has been noted mainly with fish. Reactions from vapor or steam are similar to what you would expect from pollen or animal dander exposures, for example hay fever or asthma symptoms.

Conventionally Packaged Food Labels

- According to the Food Allergen Labeling and Consumer Protection Act (FALCPA) the major eight allergens must be declared in simple terms, either in the ingredient list or via a separate allergen statement. However, FALCPA does not regulate the use of advisory/precautionary labeling.
 - *Note: Advisory/precautionary labeling (e.g., “may contain”, “in a facility that also processes”) is voluntary. The terms do not reflect specific risks and random products tested for allergens have shown a range of results from none to amounts that can cause reactions.*



Dining Away From Home

- Eating away from home can pose a significant risk to people affected by food allergy. Research suggests that close to half of fatal food allergy reactions are triggered by food served by a restaurant or other food service establishment.
- One study looking at peanut and tree nut allergy reactions in restaurants and other food establishments found that reactions were frequently attributed to desserts, that Asian restaurants and take-out dessert stores (bakeries, ice cream shops) were common sources of foods that triggered reactions, and that the food establishment was often not properly notified of a food allergy by the customer with the allergy.

Travel

- Research on self-reported reactions occurring on commercial airlines show that reactions to peanuts and tree nuts do occur on airlines via ingestion, contact, and inhalation. Ingestion of an allergen remains the main concern for severe reactions.

Food Allergy Reactions and Anaphylaxis

- The CDC reported that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18.
 - From 2004 to 2006, there were approximately 9,500 hospital discharges per year with a diagnosis related to food allergy among children under age 18 years.
- Even small amounts of a food allergen can cause a reaction.
- Most allergic reactions to foods occurred to foods that were thought to be safe. Allergic reactions can be attributed to a form of mislabeling or cross-contact during food preparation.
- Food allergy is the leading cause of anaphylaxis outside the hospital setting. Every 3 minutes a food allergy reaction sends someone to the emergency department– that is about 200,000 emergency department visits per year, and every 6 minutes the reaction is one of anaphylaxis.
- Teenagers and young adults with food allergies are at the highest risk of fatal food-induced anaphylaxis.
- Symptoms of anaphylaxis may recur after initially subsiding and experts recommend an observation period of about 4 hours to monitor that the reaction has been resolved.



- Individuals with food allergies who also have asthma may be at increased risk for severe/fatal food allergy reactions.
- Children with food allergy are 2-4 times more likely to have other related conditions such as asthma and other allergies, compared with children without food allergies.
- It is possible to have anaphylaxis without any skin symptoms (no rash, hives).
- Failure to promptly (i.e., within minutes) treat food anaphylaxis with epinephrine is a risk factor for fatalities.

Food Allergy Treatment

- There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions to food are important measures to prevent serious health consequences.
- The Food Allergy & Anaphylaxis Network www.foodallergy.org • (800) 929-4040
- Prompt administration (e.g., within minutes of symptoms of anaphylaxis) of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription in a self-injectable device (EpiPen® or Twinject® or Adrenaclick®, depending on local availability).
- There are a number of promising food allergy therapies under study, although none are yet proven for general use.

Food Allergies in School

- Approximately 20-25% of epinephrine administrations in schools involve individuals whose allergy was unknown at the time of the reaction.
- More than 15% of school aged children with food allergies have had a reaction in school. Food allergy reactions happen in multiple locations throughout the school, and are not limited to the cafeteria. Care must be exercised regarding bake sales, classroom parties, and snacks outside of the cafeteria.

*Adapted from the Food Allergy & Anaphylaxis Network www.foodallergy.org • (800) 929-4040
References available at <http://www.foodallergy.org/files/FoodAllergyFactsandStatistics.pdf>*



Creating a Plan for Managing an Allergic Reaction

Below are some of the questions to ask yourself when creating a plan for managing an allergic reaction. Remember to document all training, including who was trained, material covered and date. Hold review classes on a regular basis.

If a reaction occurs in your facility:

Be sure you have clear instructions from the child's parents and doctor about the type of medication to use and when to use it.

- ◆ Should the child be moved to another location?—to the director's office?
- ◆ Who should accompany the child? If there are several teachers in the classroom, which one will stay with the other children?
- ◆ What should be done if the child is in the lunchroom, classroom or yard?
- ◆ Where are the Food Allergy Action Plans kept?
- ◆ Who gives the medication?
- ◆ Who will call the rescue squad?
- ◆ Which entrance should the emergency vehicle use?
- ◆ Who meets the emergency medical technicians when they arrive?
- ◆ Where will the child be expected to wait after the call is made?
- ◆ Who will call the child's parents?
- ◆ Who will stay with the student *at all times* until emergency help arrives?



Managing Food Allergies in Child Care

1. Have a written policy on parent and caregiver responsibilities regarding food allergies.
2. Have a physician's statement on file describing:
 - The food or foods the child is allergic to
 - The type of reaction expected
 - The type of response required
3. If life-threatening reactions to foods are known or suspected complete the following steps **before** the child begins care:
 - Develop an emergency plan with the parent
 - Review the plan and have it signed by the child's health care practitioner
 - Educate all staff about the anticipated signs of the reaction
 - Train all staff to give appropriate medications
4. Post a list of children and their allergies in the kitchen and food serving areas.
 - Make sure everyone preparing or serving food knows of individuals' allergies
5. Know the ingredients in all foods served to allergic children.
 - Read ingredient labels on all foods when:
 - a. They are purchased
 - b. The food is stored
 - c. The food is served
 - Request ingredients of all food brought in from the outside when it will be made available to all children.
6. Avoid cross contact between allergy containing and allergy free foods.
 - Create a special shelf for storing allergy free foods.
 - If necessary, create an allergy food preparation and eating area.
 - In case of a severe food allergy, thoroughly clean, with **soap and water**, all food preparation equipment, counter tops and tables if that food has been served.
7. Involve your Public Health Nutritionist to help assure safe food allergy practices.



Minimizing Liability Summary

- ◆ Children with life-threatening food allergies may be considered disabled under the definition of the law.
- ◆ It is a violation of federal laws to refuse admittance to a child because of the child's food allergy.
- ◆ State laws may provide additional protection for rights of students with disabilities.
- ◆ Parents and staff should work together to allow children to safely participate in all activities.
- ◆ Get a signed copy of the Food Allergy Action Plan from the parents and doctor.

Post a list with the names and type of food allergy of each child in locations where food is prepared and served.

- ◆ Find out which hospital will be used in case of an allergic reaction
- ◆ Write a food allergy management policy and distribute it to the staff and volunteers
- ◆ The best protection against liability is staff training and education.
- ◆ Accidents are never planned; develop a plan for handling them before you need it.





How a Child Might Describe a Reaction

Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.

Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children's voices may change (e.g., become hoarse or squeaky), and they may slur their words.

The following are examples of the words a child might use to describe a reaction:

- "This food's too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There's a frog in my throat."
- "There's something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."



If you suspect that a child is having an allergic reaction, follow the doctor's instructions for care.

How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word "milk" on the product label.

Avoid foods that contain milk or any of these ingredients:

butter, butter fat, butter oil, butter acid, butter ester(s)	milk (<i>in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole</i>)
buttermilk	milk protein hydrolysate
casein	pudding
casein hydrolysate	Recaldent®
caseinates (<i>in all forms</i>)	rennet casein
cheese	sour cream, sour cream solids
cottage cheese	sour milk solids
cream	tagatose
curds	whey (<i>in all forms</i>)
custard	whey protein hydrolysate
diacetyl	yogurt
ghee	
half-and-half	
lactalbumin, lactalbumin phosphate	
lactoferrin	
lactose	
lactulose	

Milk is sometimes found in the following:

artificial butter flavor	luncheon meat, hot dogs, sausages
baked goods	margarine
caramel candies	nisin
chocolate	nondairy products
lactic acid starter culture and other bacterial cultures	nougat



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How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word "soy" on the product label.

Avoid foods that contain soy or any of these ingredients:

edamame	soya
miso	soybean (<i>curd, granules</i>)
natto	soy protein (<i>concentrate, hydrolyzed, isolate</i>)
shoyu	soy sauce
soy (<i>soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt</i>)	tamari
	tempeh
	textured vegetable protein (<i>TVP</i>)
	tofu

Soy is sometimes found in the following:

Asian cuisine	vegetable gum
vegetable broth	vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (*not* cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

Avoid foods that contain peanuts or any of these ingredients:

artificial nuts	monkey nuts
beer nuts	nut meat
cold pressed, expeller pressed, or extruded peanut oil	nut pieces
goobers	peanut butter
ground nuts	peanut flour
mixed nuts	peanut protein hydrolysate

Peanut is sometimes found in the following:

African, Asian (<i>especially Chinese, Indian, Indonesian, Thai, and Vietnamese</i>), and Mexican dishes	egg rolls
baked goods (<i>e.g., pastries, cookies</i>)	enchilada sauce
candy (<i>including chocolate candy</i>)	marzipan
chili	mole sauce
	nougat

Keep the following in mind:

- Mandelonas are peanuts soaked in almond flavoring.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (*not* cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.

How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word "wheat" on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:

bread crumbs	<i>protein, instant,</i>	spelt
bulgur	<i>pastry, self-rising, soft</i>	sprouted wheat
cereal extract	<i>wheat, steel ground,</i>	triticale
club wheat	<i>stone ground, whole</i>	vital wheat gluten
couscous	<i>wheat)</i>	wheat (<i>bran, durum,</i>
cracker meal	hydrolyzed wheat	<i>germ, gluten, grass,</i>
durum	protein	<i>malt, sprouts, starch)</i>
einkorn	Kamut®	wheat bran hydrolysate
emmer	matzoh, matzoh meal	wheat germ oil
farina	<i>(also spelled as matzo,</i>	wheat grass
flour (<i>all purpose,</i>	<i>matzah, or matza)</i>	wheat protein isolate
<i>bread, cake, durum,</i>	pasta	whole wheat berries
<i>enriched, graham,</i>	seitan	
<i>high gluten, high</i>	semolina	

Wheat is sometimes found in the following:

glucose syrup	starch (<i>gelatinized</i>	<i>starch, vegetable</i>
soy sauce	<i>starch, modified</i>	<i>starch)</i>
	<i>starch, modified food</i>	surimi

How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word "egg" on the product label.

Avoid foods that contain eggs or any of these ingredients:

albumin (<i>also spelled albumen</i>)	mayonnaise
egg (<i>dried, powdered, solids,</i>	meringue (<i>meringue powder</i>)
<i>white, yolk</i>)	ovalbumin
egg nog	surimi
lysozyme	

Egg is sometimes found in the following:

baked goods	marzipan
egg substitutes	marshmallows
lecithin	nougat
macaroni	pasta

Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.

How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:

barnacle	lobster (<i>langouste,</i>
crab	<i>langoustine, Moreton</i>
crawfish (<i>crawdad,</i>	<i>bay bugs, scampi,</i>
<i>crayfish, ecrevisse)</i>	<i>tomalley)</i>
krill	prawns
	shrimp (<i>crevette, scampi</i>)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:

abalone	oysters
clams (<i>cherrystone,</i>	periwinkle
<i>geoduck, littleneck,</i>	scallops
<i>pismo, quahog)</i>	sea cucumber
cockle	sea urchin
cuttlefish	snails (<i>escargot</i>)
limpet (<i>lapas, opihi</i>)	squid (<i>calamari</i>)
mussels	whelk (<i>Turban shell</i>)
octopus	

Shellfish are sometimes found in the following:

bouillabaisse	seafood flavoring (<i>e.g.,</i>
cuttlefish ink	<i>crab or clam extract</i>)
fish stock	surimi
glucosamine	

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

Avoid foods that contain nuts or any of these ingredients:

almond	natural nut extract (<i>e.g., almond,</i>
artificial nuts	<i>walnut)</i>
beechnut	nut butters (<i>e.g., cashew butter</i>)
Brazil nut	nut meal
butternut	nut meat
cashew	nut paste (<i>e.g., almond paste</i>)
chestnut	nut pieces
chinquapin	pecan
coconut	pesto
filbert/hazelnut	pili nut
gianduja (<i>a chocolate-nut</i>	pine nut (<i>also referred to as</i>
<i>mixture</i>)	<i>Indian, pignoli, pigñolia,</i>
ginkgo nut	<i>pignon, piñon, and pinyon nut)</i>
hickory nut	pistachio
litchi/lychee/lychee nut	praline
macadamia nut	shea nut
marzipan/almond paste	walnut
Nangai nut	

Tree nuts are sometimes found in the following:

black walnut hull extract	nut oils (<i>e.g., walnut oil,</i>
<i>(flavoring)</i>	<i>almond oil)</i>
natural nut extract	walnut hull extract (<i>flavoring</i>)
nut distillates/alcoholic extracts	

Keep the following in mind:

- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.
- Talk to your doctor if you find other nuts not listed here.

FOOD ALLERGIES & Special Diets

*All Staff:
Please Check Before
Offering Food to a
Child*



FOOD ALLERGIES & Special Diets for _____
Classroom or Program

FOOD ALLERGIES:*

Child	Food

*Please see individual allergy plans for more information (including emergency care).

Special Diets:

Child	Food



Health Care Provider's Allergy/Intolerance Report

Name of Child

Today's Date

This child is enrolled in our child care program. We have been advised that he/she is allergic or intolerant to the following items:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

As a licensed child care program we are required to meet state licensing standards. Please help us to comply and meet the health needs of your patient by completing the Allergy/Intolerance Statement form, the Food Allergy Action Plan/Emergency Care Plan and if necessary the Allergy Medication Authorization Form. We need to know which items the child is allergic or intolerant to, the steps to take to treat an allergic reaction, and appropriate substitute foods to assure that the child's nutrition is not compromised.

Thank you for your help in this important health matter.
Sincerely,

Child Care Program Director

Child Care Site

Child Care Center Address

By signing below, I indicate my approval to release the information requested above to my child's licensed child care program.

Parent/Guardian Signature

Date

Parent/Guardian Name (print)

Parent/Guardian Address



Allergy/Intolerance Statement

Name of Child _____ Birthdate _____

(Please print)

Food Allergy: List each food separately	Check the medical condition	List appropriate substitute food(s)
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	

Other Allergy: Please list items:	Reaction: Mild <input type="checkbox"/> Yes <input type="checkbox"/> No Severe <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan for management:
---	--	-----------------------------

* For an Allergy, please complete the Child Care Emergency Plan for Allergic Reactions.

Health Care Provider Name _____

Health Care Provider Signature _____ Date _____

Mailing Address (Print) _____ Phone _____

Please return to the child care program at the address listed below:



Child Care Emergency Plan for Allergic Reactions

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____

Asthma Yes* ☐ No ☐ *High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION:

<u>Systems</u>	<u>Symptoms</u>
• MOUTH	itching & swelling of the lips, tongue, or mouth
• THROAT	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
• SKIN	hives, itchy rash, and/or swelling about the face or extremities
• GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
• LUNG	shortness of breath, repetitive coughing, and/or wheezing
• HEART	"thready" pulse, "passing-out"

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

Action for *minor* reaction:

If symptom(s) are: _____

▣ Administer: _____
medication/dose/route

▣ Then call: Parent/Guardian and Health Care Provider

▣ If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

Action for *severe* reaction:

If symptom(s) are: _____

▣ Administer: _____ IMMEDIATELY!
medication/dose/route

▣ Call: 911 (Never hesitate to call 911)

▣ Call: Parent or Guardian

▣ Call: Health Care Provider

Parent/guardian name _____ phone # _____

Parent/guardian signature _____ Date: _____

Health Care Provider name _____ phone # _____

Health Care Provider signature (Required) _____ Date: _____





Emergency Contacts

1. _____

Relation: _____ Phone _____

2. _____

Relation: _____ Phone _____

3. _____

Relation: _____ Phone _____

Trained Staff Members

1. _____ Room _____

2. _____ Room _____

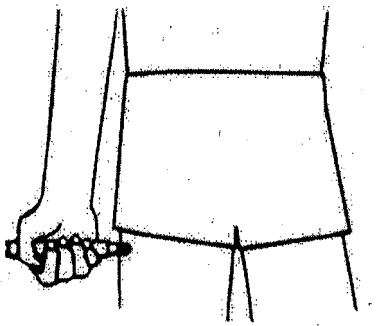
3. _____ Room _____

EPIPEN® and EPIPEN® Jr. Directions

1. Pull off blue safety release.



2. Hold orange tip near outer thigh (always apply to thigh).



3. Place firmly against thigh and press until Auto-injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 20 seconds.



Allergy Medication Authorization Form

Child's Name:	Date of Birth:
Type of Allergy:	Age _____ and Weight _____

Name of Medication: Antihistamine	Amount/Dose:
Start Date:	Stop Date:
Times to be given: <u>"See Care Plan"</u>	Route: <u>Oral</u>
Possible Side Effects:	Special Instructions;
<input type="checkbox"/> Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes X no

Name of Medication: <u>EpiPen</u>	Amount/Dose:
Start Date:	Stop Date:
Times to be given: <u>"See Care Plan"</u>	Route: <u>Injection</u>
Possible Side Effects:	Special Instructions:
<input type="checkbox"/> Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes X no

Health Care Provider Signature Date

Health Care Provider Name Phone Number

Parent/Guardian Signature Date

Parent/Guardian Name (1) Phone Number

Parent/Guardian Name (2) Phone Number



Medication Record

Medication: Antihistamine

Allergy Reaction Documentation:

1. Symptoms Observed: _____
2. Time symptoms began: _____
3. Time **Antihistamine** given: _____
4. Time parent/Guardian called: _____
5. Symptoms resolved (10 minutes) or worsened? _____
6. Action taken: _____

Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Medication: EpiPen

Allergy Reaction Documentation:

7. Symptoms Observed: _____
8. Time symptoms began: _____
9. Time EpiPen given: _____
10. Time 911 called: _____
11. Time parent/guardian called: _____
12. Time Health Care Provider called: _____
13. Child taken: _____ (where) by _____ (whom).

Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Initials and Signatures of persons giving medication:

