



Anaphylaxis Action Plan

Please complete (pages 1 & 2) and attach to
Registration Form.

Care plan for:

Date:

Child's anaphylaxis triggers are:

- Peanuts Tree Nuts Milk Dairy Eggs Shellfish Fish
 Food Additives (list): _____
 Insect Stings (list): _____
 Medications (list): _____
 Others (list): _____

Child's anaphylaxis symptoms are usually:

- | | |
|--|---|
| <input type="checkbox"/> Swelling (eyes, lips, face, tongue) | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Difficulty breathing or swallowing | <input type="checkbox"/> Coughing or choking |
| <input type="checkbox"/> Cold, clammy, sweaty skin | <input type="checkbox"/> Stomach cramps, diarrhea |
| <input type="checkbox"/> Flushed face or body | <input type="checkbox"/> Dizziness, confusion |
| <input type="checkbox"/> Fainting or loss of consciousness | <input type="checkbox"/> Change of voice |
| <input type="checkbox"/> Other (Please list) : _____ | <input type="checkbox"/> Hives or itching |
- _____
- _____

Program expectations:

- Parent/guardian to complete both pages of action plan and sign off on protocol
 - Parent/guardian will ensure that epinephrine injector is up-to-date and properly labeled
 - Parent/guardian will confirm that child has their epinephrine injector with them, and show leader where it is located
 - Child must keep epinephrine injector with them all at times during the program. Child is responsible for the whereabouts of their epinephrine injector. If the child is too young to manage this expectation, injector will be given to program leader
 - For situations with food-based triggers, staff will discourage others from bringing trigger items to camp and encourage hand-washing prior to/after snack & meal times
 - All participants are asked to refrain from bringing peanuts and peanut products to camp
 - Each day of camp, parent/guardian/child will ensure that they have epinephrine injector
 - Additional expectations: _____
- _____
- _____

In the event of an anaphylaxis reaction:

- Child will self-administer the epinephrine Injector
- If the child struggles with self-administering, staff will assist/support them to self-administer
- If the child is unable to self-administer, staff or volunteer will administer the injector
- Staff will call 911 and tell dispatcher that child is having a life-threatening anaphylactic reaction
- Staff will call supervisor & contact parent/guardian
- Staff will monitor the child until the ambulance arrives, and accompany the child to the hospital if needed

Authorization to administer:

In the event that my child is unable to self-administer their epinephrine injector, I authorize and request that staff/volunteer of the City of Victoria to assist or administer the epinephrine injector to my child.

Parent/Guardian Initial

Parent/Guardian Signature _____ Date Completed _____

Witness Signature _____ Date Completed _____