



Big Flats Preschool

## Allergy & Asthma Action Plan and Treatment Directive

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Child's Name

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Date of Birth

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Primary Physician

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Phone

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Secondary Physician (Allergist)

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Phone

1. Diagnosis & age of initial diagnosis (note specific allergens):

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2. What are the child's usual symptoms?

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3. What treatment does the child usually require for an allergic reaction/asthma attack?

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4. Do we have your permission to administer medication if your child is suffering from an allergic reaction/asthma attack?

YES NO

5. Medicine name(s) and directives for administering the medicine(s):

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**\*\*A Medication for School Form from your child's doctor with child's name, medicine name and dosage and administration instructions must be on file at the preschool.**

**AN ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:**

- General:** Dizziness, loss of consciousness, feeling of panic or doom
- Mouth:** Swelling of lips, face, tongue, throat, a report that mouth "feels hot"
- Breathing:** Wheezing, difficulty breathing, congestion, coughing, tightness of throat
- Stomach:** Discomfort, nausea, vomiting, abdominal cramps, diarrhea
- Skin:** Hives, swelling, rash

**When you see any of the above symptoms, it is important to initiate the following plan of care:**

- STEP 1: Constant Observation. Assess degree of distress.**  
*If reaction involves General, Mouth or Breathing symptoms, go immediately to STEP 3.*
  
- STEP 2: Call Parent/Guardian.**  
*Notify parent/guardian of reaction. Parent is required to come attend to the child immediately to assess the situation and make determination as to what the next step should be. Staff keeps child under constant observation until parent arrives or higher level of treatment is deemed necessary. No medication will be dispensed by any staff member unless it is authorized by the parent in treatment steps herein, or is Epinephrine or other medication necessary to prevent or treat a worsening or severe reaction. Parents should dispense antihistamine if needed, unless directed otherwise by the parent/guardian herein.*

**STOP process here once parents have arrived.**

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- STEP 3: Administer Epi-Pen/Inhaler or other emergency treatment.**
  
  - STEP 4: Call 911 Emergency Responders.**  
*State that an allergic reaction has been treated and additional epinephrine/albuterol may be needed.*

**Please use this space to modify or supplement any steps to our general protocol as may be applicable to your child:**

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**Parent/Guardian Signature**

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**Date**

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**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**