FOOD ALLERGIES IN CHILD CARE
TABLE OF CONTENTS

Introduction .................................................................................................................. 4
Food Allergy Facts and Statistics.................................................................................. 5-8
Creating a Plan for Managing an Allergic Reaction.................................................... 9
Managing Food Allergies in Childcare ........................................................................ 10
Minimizing Liability Summary .................................................................................... 11
How a Child Might Describe an Allergic Reaction ....................................................... 12
How to Read Food Labels ............................................................................................ 13-14
Sample Cover Sheet ..................................................................................................... 15
Sample Form for Posting Food Allergies and Special Diets ......................................... 16
Health Care Provider Report ......................................................................................... 17
Allergy/Intolerance Statement ...................................................................................... 18
Child Care Emergency Plan for Allergic Reactions .................................................... 19-20
Allergy Medication Authorization Form ....................................................................... 21-22
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.
  
  o 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.

  o 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 Protect 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.

  o 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.
  
  o 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 subsisting 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
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:

- 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?

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.
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.

- 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.

Post a list with the names and type of food allergy of each child in locations where food is prepared and served.
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, lard
- buttermilk
- casein
- casein hydrolysate
- caseinates (in all forms)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (in all forms, including condensed, derivative, dry, evaporated, goat’s milk, and milk from other animals, low fat, milkfat, nonfat, powder, protein, skimmed, solids, whole)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (in all forms)
- whey protein hydrolysate
- yogurt

Milk is sometimes found in the following:
- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- m scrub
- non-dairy products
- nougat

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

Soy is sometimes found in the following:
- Asian cuisine
- baked goods
- candy (including chocolate candy)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

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
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

Peanut is sometimes found in the following:
- African, Asian (especially Chinese, Indian, Indonesian, Thai, and Vietnamese), and Mexican dishes
- baked goods (e.g., pastries, cookies)
- candy (including chocolate candy)
- chili

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

Wheat is sometimes found in the following:
- glucose syrup
- starch (gelatinized starch, modified starch, modified food starch)
- vegetable starch
- surimi

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 (langoustine, Moreton)
- crab
- langoustine, Moreton
- crawfish (crawdad, bay bugs, scampi, crayfish, crevette),
- tomalley
- krill
- prawns
- shrimp (crevette, scampi)

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 (cherrystone, geoduck, littleneck, pismo, quahog)
- penwinkle
- scallops
- sea cucumber
- cockle
- cuttlefish
- snails (escargot)
- squid (calamari)
- mussels
- whelk (Turban shell)
- octopus

Shellfish are sometimes found in the following:
- bouillabaisse
- seafood flavoring (e.g., crab or clam extract)
- fish stock
- 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 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 (also spelled albumen)
- egg (dried, powdered, solids, white, yolk)
- eggnog
- lysozyme

Egg is sometimes found in the following:
- baked goods
- egg substitutes
- lecithin
- macaroni

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 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
- artificial nuts
- beechnut
- Brazil nut
- butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
ginkgo nut
- licorice nut
- lima/Chinese/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (e.g., almond, walnut)
- nut butters (e.g., cashew butter)
- nut meal
- nut meat
- nut paste (e.g., almond paste)
- nut pieces
- pecan
- pesto
- pistachio
- pine nut (also referred to as Indian, pignoli, psichola, pignon, piñon, and pinyon nut)
- praline
- shea nut
- walnut
- black walnut hull extract
- nut oils (e.g., walnut oil, almond oil)
- natural nut extract
- walnut hull extract (flavoring)
- nut distillates/extractives

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.
- Coconuts, the seed of a drupeaceous 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:*

<table>
<thead>
<tr>
<th>Child</th>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Special Diets:

<table>
<thead>
<tr>
<th>Child</th>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________
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.

_________________________________  Date  __________________________________________
Parent/Guardian Signature              Parent/Guardian Name (print)

_________________________________
Parent/Guardian Address
# Allergy/Intolerance Statement

Name of Child ____________________________ Birthdate ____________________________

(Please print)

<table>
<thead>
<tr>
<th>Food Allergy: List each food separately</th>
<th>Check the medical condition</th>
<th>List appropriate substitute food(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food Intolerance Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Allergy Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Intolerance Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Allergy Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Intolerance Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Allergy Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Intolerance Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Allergy Yes No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Yes No</td>
<td></td>
</tr>
</tbody>
</table>

Other Allergy: Please list items:

<table>
<thead>
<tr>
<th>Reaction:</th>
<th>Plan for management:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

* 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:

<table>
<thead>
<tr>
<th>Systems</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUTH</td>
<td>itching &amp; swelling of the lips, tongue, or mouth</td>
</tr>
<tr>
<td>THROAT</td>
<td>itching and/or a sense of tightness in the throat, hoarseness and hacking cough</td>
</tr>
<tr>
<td>SKIN</td>
<td>hives, itchy rash, and/or swelling about the face or extremities</td>
</tr>
<tr>
<td>GUT</td>
<td>nausea, abdominal cramps, vomiting, and/or diarrhea</td>
</tr>
<tr>
<td>LUNG</td>
<td>shortness of breath, repetitive coughing, and/or wheezing</td>
</tr>
<tr>
<td>HEART</td>
<td>“tready” pulse, “passing-out”</td>
</tr>
</tbody>
</table>

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: ________________________________________________________________

☐ 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!

☐ 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>Relation:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>Relation:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>Relation:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### Trained Staff Members

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Room</td>
</tr>
<tr>
<td>2.</td>
<td>Room</td>
</tr>
<tr>
<td>3.</td>
<td>Room</td>
</tr>
</tbody>
</table>

---

**EPIGEN® and EPIGEN® 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

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Allergy:</th>
<th>Age _______ and Weight_________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Antihistamine**

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Amount/Dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihistamine</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>Stop Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Times to be given: **“See Care Plan”**

Route: **Oral**

Possible Side Effects:

☐ Above information consistent with label?

Requires Refrigeration: ☐ yes X no

---

**EpiPen**

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Amount/Dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EpiPen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>Stop Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Times to be given: **“See Care Plan”**

Route: **Injection**

Possible Side Effects:

☐ Above information consistent with label?

Requires Refrigeration: ☐ 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: __________________________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Initials</th>
<th>Reason NOT Given</th>
<th>Side Effects Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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: _____________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Initials</th>
<th>Reason NOT Given</th>
<th>Side Effects Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initials and Signatures of persons giving medication:
__________________________    ________________       ___________   ________

---