

Fairfax Academy Emergency Medical Action Plan

Child's Name: _____ Age: _____ Date: _____

Allergies (Seasonal/Food/Medication) _____

Asthmatic Yes [] NO [] (high risk for severe reaction)

Concurrent medications: _____

STEP 1: TREATMENT

Symptoms	***Give Checked Medication****
MOUTH- itching, swelling of lips and/or tongue	[] Epinephrine [] Antihistamine
THROAT- itching, tightness/closure, hoarseness	[] Epinephrine [] Antihistamine
SKIN- itching, hives, redness, swelling	[] Epinephrine [] Antihistamine
GUT- vomiting, diarrhea, cramps	[] Epinephrine [] Antihistamine
LUNGS- shortness of breath, cough, wheeze	[] Epinephrine [] Antihistamine
HEART- weak pulse, dizziness, passing out	[] Epinephrine [] Antihistamine

Only a few symptoms may be present. Severity of symptoms can change quickly.
*Some symptoms can be life-threatening. ACT FAST!

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

Inject epinephrine in thigh using: _____

*** STEP 2: EMERGENCY CALLS ***

1. Call 911 or rescue squad (before calling contact)

2. Parent Information: Name _____ work _____ cell _____

Emergency contact #1: Name _____ work _____ cell _____

Emergency contact #2: Name _____ work _____ cell _____

Comments: _____

Doctor's Signature Phone Number Date

Parent's Signature Date