

ALLERGY MEDICAL ACTION PLAN

CHILD, YOUTH & SCHOOL SERVICES
FORT LEONARD WOOD

(Must be completed by a licensed health professional)

This care plan should be reviewed annually.

Child's Name		LIFE THREATENING ALLERGY TO:
Sponsor's Name:		Non- life threatening allergy to:
CYS Program:	Date of Birth:	Specific allergy symptoms:

Treatment for Allergies:

Benadryl Dosage: _____

EpiPen (0.3 mg) **OR** EpiPen Jr. (0.15 mg) (check one)

Note: For children requiring rescue medication, the medicine is required to be at the program at all times while the child is in care.

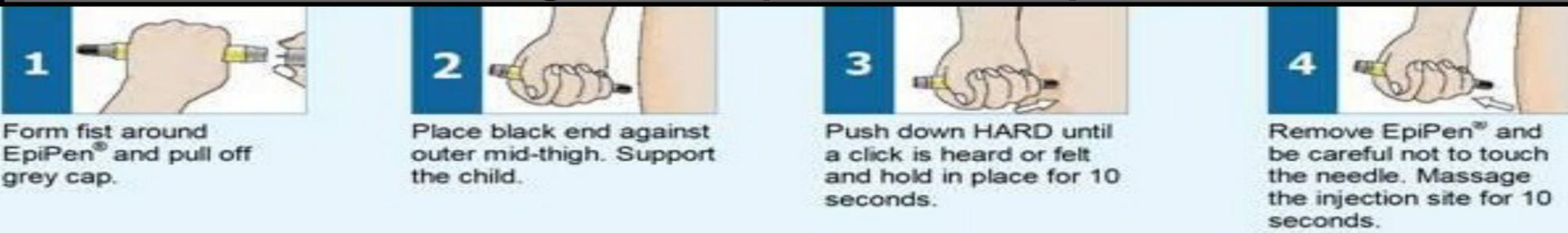
For youth that self-medicate and carry their own medications, medication must be with youth at all times. The option of storing "back up" rescue medications at the program is available.

Treatment for <u>MILD</u> Allergic Reactions		
Mild Symptoms	Treatment	Call 911 if:
Several Hives Itchy Skin Swelling at the site of an insect sting.	Administer Benadryl, if ordered above.	Symptoms worsen after initial treatment.
	Side Effects: <input type="checkbox"/>	
	Contact parent/guardian or emergency contact person.	Child/Youth develops symptoms of a life-threatening allergic reaction as listed above.
	Calm the child/youth. Keep under observation until the parent arrives.	

Treatment for <u>LIFE-THREATENING</u> Allergic Reactions	
Life-Threatening Symptoms	Treatment
Hives spreading over the body Wheezing Difficulty swallowing Difficulty breathing Swollen face or neck Tingling or swollen tongue Vomiting Extreme paleness or gray colored skin Child stops playing and cannot start activity again Child has difficulty walking or talking	Administer EpiPen or EpiPen Jr., if ordered above and call 911 for further instructions. <input type="checkbox"/> Side Effects: Rapid heart beat • Contact parent/guardian or emergency contact person. • CYS Services staff should accompany the child to the emergency room if parent/guardian or emergency contact is unavailable. • Inform Army Public Health Nurse (573-596-0518/0491).

EpiPen Instructions

How to give the EpiPen® and EpiPen Jr®



INDIVIDUAL CONSIDERATIONS (must be completed in its entirety):

Field Trip Procedures– Rescue meds should accompany child during any off site activities.

- The child should remain with staff or parent/guardian during the entire field trip YES NO
- Staff members on trip must be trained regarding rescue meds use and this health care plan (plan must be taken).
- Other (specify) _____

Self- Medication for School Age/Youth

YES, Youth can self-medicate. I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self administer his/her medication. Youth has been instructed not to share medications and should youth violate these restrictions the privilege of self-medicating will be revoked and the youth’s parents notified. Youth are required to notify staff when carrying medication.

OR

NO, It is my professional opinion that _____ SHOULD NOT carry or self-administer his/her medication.

Bus- Transportation should be alerted to child’s allergy

- This child carries rescue meds on the bus : YES NO
- Rescue meds can be found in: Backpack Waist pack On Person Other (specify) _____
- Child should sit at front of the bus: YES NO
- Other (specify): _____

SPORTS EVENTS: Parents are responsible for having rescue medication on hand and administering it when necessary when the child is participating in any CYS sports activity. Volunteer coaches do not administer medications.

PARENTAL PERMISSION/CONSENT: Parent’s signature gives permission for child/youth personnel who have been trained in medication administration by the CYS nurse/APHN to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child must have required medication with him/her at all times when in attendance at CYS programs.

YOUTH STATEMENT OF UNDERSTANDING: I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, my privileges may be restricted or revoked, my parents will be notified and further disciplinary action may be taken. I am also required to notify staff when carrying medication.

Typed or Printed Name of Parent/guardian	Parent/Guardian Signature/DATE
Type or Printed Name of Youth (if given permission to self-administer)	Youth's Signature/DATE
Licensed Health Care Professional's Stamp	Licensed Health Care Professional's Signature/DATE
Printed Name/Stamp of Army Public Health Nurse	Army Public Health Nurse Signature /DATE
	This signature serves as the exception to medication policy