



NORTHBROOK PARK DISTRICT
Leisure Services Division

ALLERGY ACTION PLAN

Participant Name: _____ Birth Date: _____ Program: _____

Allergy To: _____

Doctor: _____ Phone: _____

Asthmatic: Yes* [] No [] *Higher risk for severe reaction

STEP 1: TREATMENT

Reaction

Give Checked Medication

- List of allergic reactions (Throat, Lung, Heart, Other, Mouth, Skin, Gut) and corresponding medication checkboxes (Epinephrine, Antihistamine).

*Potentially life-threatening.

Dosage: (Must also complete Oral Medication Dispensation Form and Waiver per Medication)

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr. Other _____

Antihistamine: Give: _____ (Medication/Dose/Route)

Other: Give: _____ (Medication/Dose/Route)

STEP 2: EMERGENCY CALLS

In the case of an allergic reaction that requires the administration of epinephrine by staff, the following response plan will be adhered to. Staff will:

- 1. Call 911 and state that an allergic reaction has occurred and been treated by administering the prescribed dose of Epinephrine.
2. Contact Parents/Guardians by calling the phone numbers listed on the participant information form.

I have filled out the Allergy Action Plan to the best of my ability with the current knowledge I have of this participant's allergy.

Parent/Guardian Signature _____ Date: _____

Doctor's Signature _____ Date: _____

(Required)