# Allergy Action Form

Participant's Name:_____ Program Attending:_____

ALLERGIC TO:_____Date of Birth:_____

Asthmatic: ☐ Yes* ☐ No

*Higher risk for severe reaction

## STEP 1: TREATMENT

| **Symptoms:** | **Give Checked Medication**:** ****To be determined by authorizing physician** |
|---|---|
| • If a food allergen has been ingested, but *no symptoms*: | ☐ Epinephrine ☐ Antihistamine |
| • Mouth Itching, tingling, or swelling of lips, tongue mouth | ☐ Epinephrine ☐ Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities | ☐ Epinephrine ☐ Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea | ☐ Epinephrine ☐ Antihistamine |
| • Throat+ Tightening of throat, hoarseness, hacking cough | ☐ Epinephrine ☐ Antihistamine |
| • Lung+ Shortness of breath, repetitive coughing, wheezing | ☐ Epinephrine ☐ Antihistamine |
| • Heart+ Weak or thread pulse, low blood pressure, fainting, pale, blueness | ☐ Epinephrine ☐ Antihistamine |
| • Other+ _____ | ☐ Epinephrine ☐ Antihistamine |
| • If reaction is progressing (several of the above areas affected), give: | ☐ Epinephrine ☐ Antihistamine |

**+ Potentially life-threatening. The severity of symptoms can quickly change.**

## DOSAGE

**Epinephrine:** Inject intramuscularly ☐ EpiPen ☐ EpiPen Jr. ☐ Twinject 0.3mg

☐ Twinject 0.15mg ☐ Other:_____

**Antihistamine**: Give_____
Medication/dose/route

**Other:** Give_____
Medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad:_____). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr._____ Phone Number:_____
3. Parent/Guardian:_____ Phone Number:_____
4. Parent/Guardian:_____ Phone Number:_____

I authorize the staff of the City of Evanston Parks, Recreation and Community Services Department to administer medication according to the Medication Authorization Form. Do not hesitate to administer medication or call 911 even if parents or doctor cannot be reached.

_____ _____
Parent/Guardian Signature Date

City of Evanston
Parks, Recreation and Community Services