



Medical Action Plan

Allergies & Medical Conditions

Name of your Child: _____ Date: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Pediatrician's Name: _____ Phone Number: _____

Your local hospital: _____ Phone Number: _____

Please select your child's medical condition:

- Allergies
 - Asthma
 - Other (please be specific): _____
-

If you selected Box 1, please go on to complete Form A. If you selected Box 2, please go on to complete Form B. If your child has an alternate medical condition that fits under Box 3, or "other" please see Form C.

Form A) Allergies

1. List of Allergies. Please indicate the severity of each allergy:

2. Does your child have an Epi-pen? Yes or No

3. Please give us instructions on how you would like the Epi-pen administered:

- If checked, give epinephrine ONLY if my child does not respond to Benadryl.
- If checked, give epinephrine immediately for ANY symptoms if my child was *exposed* to the allergen.
- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

4. What is the Medical Action Plan recommended by your child's Pediatrician?

5. Please give us any other details that we should be aware of, in order to care for your child’s allergic reaction on-site:

Please be informed that our school policy on Epi-pens requires that they be kept in the classroom, out of reach of the children, inside class field trip backpacks.

Form B) Asthma

1. Please select the Asthma Type that your child experiences:

- Allergy-Induced Asthma
- Exercise-Induced Asthma
- Cough-Variant Asthma
- Night-time Asthma

2. Please indicate the frequency that your child uses his/her inhaler:

- Daily
- Emergency
- Both

3. Explain your child’s Asthma triggers:

4. List the controller medications prescribed to your child, and the usual dosage.

5. Does your child suffer from Asthma attacks? Yes or No

6. What symptoms are usually present when your child is experiencing an Asthma attack?

7. What is the Medical Action Plan recommended by your child’s Pediatrician?

8. Please give us any other details that we should be aware of regarding your child's medical condition:

Form C) Alternate Medical Condition

1. Please inform us of your child's medical condition:

2. List the medication prescribed to your child, and the usual dosage.

3. What is the Medical Action Plan recommended by your child's Pediatrician?

4. Please give us any other details that we should be aware of regarding your child's medical condition:

*If there is any additional information you would like to include, please write this on the space provided below.

