

SNAP ALLERGY MEDICAL ACTION PLAN

(to be completed by Health Care Provider)

Child's Name	Date of Birth	CYS Program/Activity
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Sponsor Name

Health Care Provider	Health Care Provider Phone
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Allergies (please list)

Mild Symptoms

Emergency or Life Threatening Symptoms:

Treatment Protocol (List in order or precedence)

- Benadryl only, dosage: _____; call parent.
- Give EpiPen; call 911
- Give Benadryl; dosage: _____; give EpiPen; call 911, then call parent.

Emergency Response

- Stay with child
- Contact parents/guardian
- Seek emergency medical care if the child has _____

**IF THIS HAPPENS
GET EMERGENCY HELP
NOW!
CALL 911**

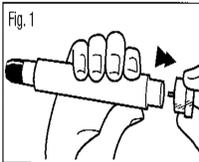
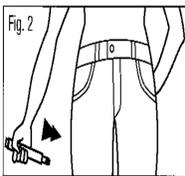
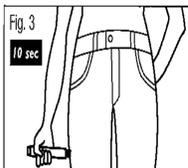
- Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child is hunched over
 - Child is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue

Follow Up

This Allergy Medical Action Plan will be updated/revised whenever medications or child's health status changes, and whenever child is transitioned to a new program. If there are no changes, the Allergy Medical Action Plan will be updated at least every 12 months.

Date of Registration Renewal

How to Give an EpiPen®

 <p>Fig. 1</p>	<p>Pull off grey safety cap.</p>	 <p>Fig. 2</p>	<p>Jab black tip into outer thigh until unit activates</p>	 <p>Fig. 3 10 sec</p>	<p>Hold EpiPen in place several seconds.</p>
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ALLERGY MEDICAL ACTION PLAN ADDITIONAL CONSIDERATIONS

(to be completed by Health Care Provider)

Medications for Allergy

For children requiring rescue medication, the medication is required to be at program site at all times while child is in care. For youth who self-medicate and carry their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medications at program is available.

Field Trip Procedures

Rescue medications 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 medication use and this health care plan.
This plan must accompany the child on the field trip.
- 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 condition.

- This child carries rescue medications on the bus. Yes No
- Rescue medications can be found in: Backpack Waistpack On Person Other _____
- Child will sit at the 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.

Printed Name of Parent/Guardian	Parent Signature	Date (YYYYMMDD)
Printed Name of Youth	Youth Signature	Date (YYYYMMDD)
Stamp of Health Care Professional	Health Care Professional Signature	Date (YYYYMMDD)
Printed Name of Army Public Health Nurse	Army Public Health Nurse Signature	Date (YYYYMMDD)