CYS SERVICES SNAP ALLERGY MEDICAL ACTION PLAN
(to be completed by Health Care Provider)
Form Updated 19 Jan 2017

Child's Name
Date of Birth
Date

Sponsor Name

Health Care Provider

Health Care Provider Phone

Allergies (please list)


Asthmatic □ Yes* □ No (*Higher risk for severe reaction)

Treatment Plan

If a food allergen has been ingested, but no symptoms: _ observe for symptoms _ Epinephrine _ Antihistamine _ Albuterol

Observe for Symptoms:

- Mouth: Itching, tingling or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Stomach: Nausea, abdominal cramps, vomiting, diarrhea
- Throat*: Tightening of throat, hoarseness, hacking cough
- Lung*: Shortness of breath, repetitive coughing, wheezing
- Heart*: Weak or thready pulse, low blood pressure, fainting, pale, blueness
- Other*: __________

(Number order of Medication)

Medication Protocol

EPINEPHRINE AUTO-INJECTOR: Inject into thigh (circle one): 0.3 mg 0.15 mg

Administer / DO NOT Administer 2nd dose of Epinephrine after (15 or less)___ minutes if symptoms worsen or do not resolve

Antihistamine: Give __________________________ Medication/dose/route

Albuterol: Give __________________________ Medication/dose/route

Administer / DO NOT Administer 2nd dose of Albuterol after (15 or less)_____ minutes if symptoms worsen or do not resolve

Other: Give __________________________ Medication/dose/route

Emergency Response

- Administer rescue medication as prescribed above
- Stay with child
- Contact parents/guardian

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

How to give EpiPen® or EpiPen® Jr

1. Form fist around EpiPen® and pull off grey cap.
2. Place black end against outer mid-thigh. Support the child.
3. Push down HARD until a click is heard or felt and hold in place for 10 seconds.
4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.
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 should 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.

Follow Up
This Allergy Medical Action Plan will be updated/revised whenever medications or child’s health status changes. If there are no changes, the Allergy Medical Action Plan will be updated at least every 12 months.

Printed Name of Parent/Guardian
Parent Signature
Date (YYYYMMDD)

Printed Name of Youth (if applicable)
Youth Signature
Date (YYYYMMDD)

Stamp of Health Care Provider
Health Care Provider Signature
Date (YYYYMMDD)

Printed Name of Army Public Health Nurse
Army Public Health Nurse Signature
Date (YYYYMMDD)

(This signature serves as the exception to medication policy)