



Medical Action Plan

Located in Kosair for Kids Center on
 Masonic Homes Kentucky's Louisville Campus
 3800 Tom Larimore Lane • Masonic Home, KY 40041
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SproutlingsDayCare.com

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

My child has an allergy: Yes No

| Allergy | Reaction | |
|---------|----------|---|
| _____ | _____ | <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Sev |
| _____ | _____ | <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Sev |
| _____ | _____ | <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Sev |

I do not want my child to consume or come in contact with the following foods/allergens (list): _____

Parent/Guardian signature: _____ Date: _____

Asthma: Yes (high risk for severe reaction) No

Additional health issues: _____

IF _____ (SYMPTOMS) OCCUR (CHECK ONE ONLY):

- Call Emergency Contact (attached, page 2) BEFORE administering any medication
- Administer medication (i.e. Benadryl) (Emergency Contact will be called AFTER this step)
 - a. Medication name _____
 - b. Dose _____
 - c. Route _____
- Inject epinephrine in thigh using (CHECK ONE) (Emergency Contact will be called AFTER this step):
 - EpiPen Jr. (0.15 mg) EpiPen (0.3 mg)
 - Epinephrine injection (0.15 mg) USP auto-injector authorized generic (0.3 mg)
 - Epinephrine injection (0.3 mg) Other Specify other: _____
 - Call 911

If child develops symptoms of anaphylaxis, EpiPen (or other emergency medicine) will be administered (if prescribed) and 911 will be called.

Anaphylaxis Symptoms include:

MOUTH - Itching, swelling of lips and/or tongue
 THROAT - itching, tightness/closure, hoarseness
 SKIN - itching, hives, redness, swelling

GUT - vomiting, diarrhea, cramps
 LUNG - shortness of breath, cough, wheeze
 HEART - weak pulse, dizziness, passing out

Comments: _____

Parent/Guardian signature: _____ Date: _____



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PEDIATRIC DAY CARE & PRESCHOOL

EMERGENCY CONTACTS

Name: _____

Home: _____

Work: _____

Mobile: _____

Name: _____

Home: _____

Work: _____

Mobile: _____

Name: _____

Home: _____

Work: _____

Mobile: _____

Name: _____

Home: _____

Work: _____

Mobile: _____