

Health Care Plans

Action plan for Anaphylaxis

Photo	Name of Child
	Date of Birth:

Allergens (triggers for Anaphylaxis)	
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Where is my Epi Pen kept?	
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Any other Medication I require including doses?	
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Warning signs	
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What constitutes an emergency for me?	
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What to do in an emergency	
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How to Support me after an emergency	
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Any possible side effects	
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Emergency Contact	
Name	
Work number	
Home number	
Mobile number	
Signed parent / guardian	
Date	

Plan to be reviewed annually on the following date	
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