



# Redmond Parks and Recreation Department Emergency Health Plan for Allergic Reactions

Participant's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Asthma Yes\*  No  \*High Risk for severe reaction

**SIGNS OF AN ALLERGIC REACTION**

<u>Systems:</u>	<u>Symptoms:</u>
• MOUTH	itching & swelling of the lips, tongue, or mouth
• THROAT	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
• SKIN	hives, itchy rash, and/or swelling about the face or extremities
• GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
• LUNG	shortness of breath, repetitive coughing, and/or wheezing
• HEART	"thready" pulse, "passing-out"

The severity of symptoms can quickly change. All the above symptoms can potentially progress to a life-threatening

## ACTION FOR MINOR REACTION

If symptom(s) are: \_\_\_\_\_

• Administer: \_\_\_\_\_

medication/dose/route

• Then call: Parent/Guardian/Other Emergency Contact and Doctor

• If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

## ACTION FOR SEVERE REACTION

If symptom(s) are: \_\_\_\_\_

• Administer: \_\_\_\_\_ **IMMEDIATELY!**

Medication/dose/route

• Call: 911 (Never hesitate to call 911)

• Call: Parent or Guardian

• Call: Doctor

BY SIGNING THIS FORM, I/WE THE PARENT(S)/GUARDIANS OF \_\_\_\_\_, AUTHORIZE THE CITY OF REDMOND STAFF, TO FOLLOW THE ABOVE INSTRUCTIONS AND I/WE AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF REDMOND PARKS AND RECREATION DEPARTMENT STAFF. WE WILL NOT HOLD LIABLE THE CITY OF REDMOND OR ANY MEMBER OF THE PARKS AND RECREATION STAFF WHO IS DIRECTED BY ME/US TO FOLLOW THE ABOVE INSTRUCTIONS WHICH RESULTS IN LOSS, CLAIM, INJURY OR DEATH INCLUDING EXPENSES AND ATTORNEY FEES.

I/WE HAVE READ AND UNDERSTAND THE EPIPEN MEDICATION POLICY AND AGREE TO UPDATE THIS FORM EVERY SIX (6) MONTHS, OR SOONER, IF MY/OUR CHILD'S MEDICAL NEEDS CHANGE.

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Emergency Contacts

1. \_\_\_\_\_

Relation: \_\_\_\_\_ Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

2. \_\_\_\_\_

Relation: \_\_\_\_\_ Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

3. \_\_\_\_\_

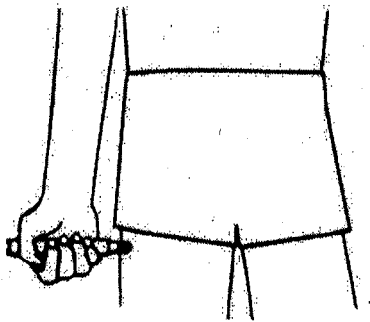
Relation: \_\_\_\_\_ Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

EPIPEN® and EPIPEN® Jr. Directions

### 1. Pull off gray activation cap.



### 2. Hold black tip near outer thigh (always apply to thigh).



3. Place firmly against thigh and press until Auto-injector mechanism functions. **Hold in place and count to 10.** The EpiPen unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 20 seconds.