

**MEDICATION ADMINISTRATION ACTION PLAN
Beverly Heights Christian Preschool**

Attach
Child's
Picture
Here

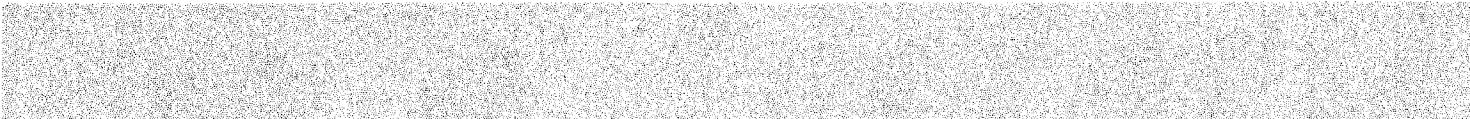
Student's Name _____ D.O.B. _____ Teacher _____

ALLERGY TO _____

Asthmatic Yes* No * DO NOT use smelling salts on asthmatic child
Has inhaler Yes† No † Instructions: _____

Has had seizure(s) Yes‡ No ‡ Please explain: _____

Additional information to help us keep your child safe:



STEP 1 – TREATMENT

When you provide an EpiPen, we will use it if we believe your child has come in contact with or ingested that which you specify above under "ALLERGY TO." We will also call the emergency contact you specify below.

DOSAGE

Epinephrine inject intramuscularly (circle one)
 EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg Other _____

Antihistamine _____
 (medication/dose/route)

Other _____
 (medication/dose/route)

STEP 2 - EMERGENCY CALLS

1. Call 911.

State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Call Dr. _____ at _____.

3. Call emergency contacts.

Continue to medicate and send child to medical facility even if contacts cannot be reached.

Name/Relationship	Phone number(s)	
a.	1.	2.
b.	1.	2.
c.	1.	2.

I understand that Beverly Heights Christian Preschool does **not** have a nurse or other medically licensed personnel on staff. I understand and agree to any treatment as outlined in this document. I understand and agree that my child may be sent to a medical facility **without** accompaniment of church or preschool staff. Signatures of both parent/guardian and doctor are required.

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____