


Drexel Hill United Methodist Nursery School Emergency Action Plan for Allergies/Asthma

Dear Parents,

If your child has allergies or asthma, you need to fill out the Emergency Action Plan form on the back of this page and place it in a legal-size envelope that you have labeled as pictured below. Please make a copy of this form for your records.

Your child will not be able to stay unless this is complete

**Thank you,
Drexel Hill United Methodist Nursery School**

<p>EMERGENCY ACTION PLAN for: <u>Your Child's Name</u> <u>your child's class</u> 2026 - 2027</p>	<p>PUT CHILD'S  PHOTO HERE</p>
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Drexel Hill United Methodist Nursery School Emergency Action Plan for Allergies/Asthma 2026 - 2027

Name: _____ Date of Birth: _____

Current Known Allergies: _____

High Risk For Severe Reaction? ____ YES ____ NO, mild reaction only _____
Asthma? _____ Other: _____

What do allergic reactions look like?

Signs of Severe Reactions or anaphylaxis are circled below:

- Skin: "hives" (red blotches or welts that itch), mild swelling, severe swelling
- Eyes: tearing, redness, itch
- Nose: clear discharge, itch, congestion
- Mouth: itch, lip swelling, tongue swelling
- Throat: tightness, trouble speaking, trouble breathing in
- Lungs: shortness of breath, rapid breathing, cough, wheeze
- Gut: repeated vomiting, nausea, abdominal pain, diarrhea
- Heart: weak pulse, loss of consciousness
- Brain: agitation, or loss of consciousness

ACTION PLAN For a Severe Reaction: (include plan and dosage). All symptoms are circled above

ACTION PLAN For a Mild Reaction: (include reaction symptom(s), plan and dosage)

Contacts:

Parent: _____ phone# _____

Parent: _____ phone# _____

Doctor: _____ phone# _____

Emergency Contact: _____ phone# _____

relationship to child: _____

Parent Signature _____ Date: _____