

Emergency Response Plan

For Severe Allergic Reactions

Date: [Insert Date]

To: [Insert Recipient's Name]

From: [Insert Your Name/Organization]

Purpose:

This emergency response plan outlines the procedures to follow in the event of a severe allergic reaction.

1. Identification of Allergies

Identify known allergens for each individual:

- [Individual's Name] - [Allergen]
- [Individual's Name] - [Allergen]

2. Emergency Contact Information

In case of an allergic reaction, contact:

- Emergency Services: 911
- Parent/Guardian: [Insert Contact Information]
- Allergist: [Insert Contact Information]

3. Response Procedures

1. Recognize signs of a severe allergic reaction (e.g., difficulty breathing, swelling, hives).
2. Call 911 immediately.
3. Administer an epinephrine auto-injector if available and trained to do so.
4. Keep the individual calm and in a comfortable position until help arrives.
5. Provide emergency personnel with the allergic individual's medical information.

4. Review and Training

Regular training sessions will be held to ensure all staff are familiar with this emergency plan.

5. Acknowledgment

Please sign below to acknowledge understanding of this emergency response plan:

_____ (Signature)

Date: _____