ALLERGY ACTION PLAN

Student's Name:________________________D.O.B:________Teachers/Grade:______________Bus #___

ALLERGY TO:____

Asthmatic Yes* ☐ No ☐ ***Higher risk for severe reaction**

♦ STEP 1: TREATMENT ♦

Symptoms:	**Give Checked Medication****	
▪ If exposed to allergen, but *no symptoms*:	☐ Epi-Pen	☐ Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	☐ Epi-Pen	☐ Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	☐ Epi-Pen	☐ Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	☐ Epi-Pen	☐ Antihistamine
▪ Throat+ Tightening of throat, hoarseness, hacking cough	☐ Epi-Pen	☐ Antihistamine
▪ Lung+ Shortness of breath, repetitive coughing, wheezing	☐ Epi-Pen	☐ Antihistamine
▪ Heart+ Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epi-Pen	☐ Antihistamine
▪ Other + ____	☐ Epi-Pen	☐ Antihistamine
▪ If reaction is progressing (several of the above areas affected), give	☐ Epi-Pen	☐ Antihistamine

The severity of symptoms can quickly change. + Potentially life-threatening.

MEDICATIONS: Provided by parent/guardian to be kept at school. ***See Medication Form***

☐ **Epinephrine:** inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

☐ **Antihistamine:** give____

☐ **Other:** give ____

♦ STEP 2: EMERGENCY CALLS ♦

1. Call 911 (or Rescue Squad: _________________________) . State that an allergic reaction has been treated, and additional **epinephrine** may be needed)

2. Emergency contacts:

Name/Relationship Phone Number(s)

a. ________________________________ 1.)_________________________ 2.) _______________________

b. ________________________________ 1.)_________________________ 2.) _______________________

c. ________________________________ 1.)_________________________ 2.) _______________________

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

3. Dr. ____________________________ at ___________________________________

Parent/Guardian Signature____ Date_______________

Cc: School Faculty (Principal, Assistant Principal, Secretary, Office Aide, Classroom/PE/Art/Music Teachers, Cafeteria Mgr, DARE Officer, Guidance Counselor, Librarian, School Health File, School Health Nurse, Bus Driver