Allergy Action Plan

Please note: This form requires physician's signature. Medications are not kept on site and must be sent with child whenever attending class.

Place Child's Picture Here

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

ALLERGY TO:_____

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

STEP 1: TREATMENT

Symptoms:		Give Checked Medication** (To be determined by physician authorizing treatment)	
✓	If a food allergen has been ingested, but **no symptoms:**	☐ Epinephrine	☐ Antihistamine
✓	If stung, but **no symptoms:**	☐ Epinephrine	☐ Antihistamine
✓	Mouth Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
✓	Skin Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
✓	Gut Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
✓	Throat* Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
✓	Lung * Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
✓	Heart* Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
✓	Other* _____	☐ Epinephrine	☐ Antihistamine
✓	If reaction is progressing (several of the above areas affected), give	☐ Epinephrine	☐ Antihistamine

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

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™ 0.3mg Twinject™ 1.15mg (see next page for instructions)

Anthistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad:_____). State than an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr._____at_____.
3. 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 call 911.

Parent/Guardian Signature_____ Date_____

Doctor's Signature_____ Date_____
(Required)