

# ALLERGY ACTION PLAN



Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

**Asthmatic:** Yes \* No  **\*High risk for severe reaction**

Does student have Epi Pen at school? Yes  No

### SIGNS OF AN ALLERGIC REACTION INCLUDE:

- |   |   |
|---|---|
| <b>Systems:</b><br>• <b>MOUTH</b><br>• <b>THROAT*</b><br>• <b>SKIN</b><br>• <b>GUT</b><br>• <b>LUNG*</b><br>• <b>HEART*</b> | <b>Symptoms:</b><br>itching and swelling of the lips, tongue, or mouth<br><b>itching and/or a sense of tightness in the throat, hoarseness, and hacking cough</b><br>hives, itchy rash, and/or swelling about the face of extremities<br>nausea, abdominal cramps, vomiting, and/or diarrhea<br><b>shortness of breath, repetitive coughing, and/or wheezing</b><br><b>“thready” pulse, “passing-out”</b> |
|---|---|

The severity of symptoms can quickly change.

**\*All above symptoms can potentially progress to a life-threatening situation!**

**ACTION: (To be completed by physician with parent)**

1. If ingestion/exposure is suspected, give \_\_\_\_\_  
 \_\_\_\_\_ medication/dose/route  
 and \_\_\_\_\_  
 \_\_\_\_\_
2. CALL 911 (Specify “Use ALS guidelines”) \_\_\_\_\_  
 \_\_\_\_\_
3. CALL: Mother \_\_\_\_\_ Father \_\_\_\_\_ or emergency contacts
4. CALL: Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO ADMINISTER PRESCRIBED MEDICATION OR CALL RESCUE SQUAD  
 EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

**EpiPen/Inhaler:** The student is both capable and responsible for self-administration of the medication.

No  Yes (supervised)  Yes (unsupervised). Student may carry his/her inhaler/EpiPen  Yes  No.

\_\_\_\_\_ M.D. \_\_\_\_\_

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. (print) _____ Room _____ Signature _____
2. _____ Relation: _____ Phone: _____	2. (print) _____ Room _____ Signature _____
3. _____ Relation: _____ Phone: _____	3. (print) _____ Room _____ Signature _____ School Nurse: _____

**For children with multiple allergies, use one form for each allergy.**

Does student have a special dietary needs form? Yes  No  (If yes, attach copy and forward original to cafeteria.)