

Allergy Action Plan

Place
Child's
Picture
Here

ALLERGY TO: _____

Student's

Name: _____ D.O.B: _____ Teacher: _____

Asthmatic Yes* No *High risk for severe reaction

◆ SIGNS OF AN ALLERGIC REACTION ◆

Systems: Symptoms:

- **MOUTH** itching & swelling of the lips, tongue, or mouth
- **THROAT*** itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- **SKIN** hives, itchy rash, and/or swelling about the face or extremities
- **GUT** nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNG*** shortness of breath, repetitive coughing, and/or wheezing
- **HEART*** "thready" pulse, "passing-out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

◆ ACTION FOR MINOR REACTION ◆

1. If only symptom(s) are: _____, give _____
medication/dose/route

Then call:

2. Mother _____, Father _____, or emergency contacts.
3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ ACTION FOR MAJOR REACTION ◆

1. If _____ and/or symptom(s) are: _____,
give _____ IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

OVER

Parent's Signature _____ Date _____ Doctor's Signature _____
Date _____

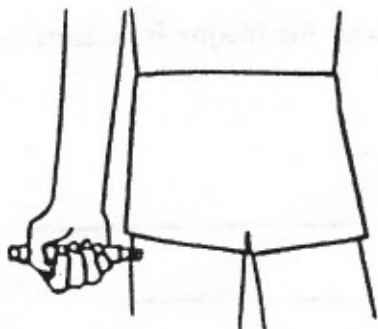
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	1. _____ Room _____
3. _____ Relation: _____ Phone: _____	1. _____ Room _____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

