



Place  
Child's  
Picture  
Here

### ALLERGY ACTION PLAN

*(If your physician has a form their office uses, that can be submitted instead of this form)*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergy To: (circle all that apply) Peanut, Tree Nuts (almonds ,pecans, walnuts, etc) Milk/Dairy, Eggs, Wheat, Stings, Latex, Medication, Other: \_\_\_\_\_

Are dietary restrictions required for this student's allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list: \_\_\_\_\_

Asthmatic: YES\* \_\_\_\_\_ NO \_\_\_\_\_ \*higher risk for severe reaction

#### **Action for MINOR Allergic Reaction:**

If symptoms are \_\_\_\_\_ give Bendryl(indicate dose)\_\_\_\_\_ by mouth and continue to observe. Notify parents of reaction after medication is given.

**Mother's contact #:** \_\_\_\_\_ **Father's contact #:** \_\_\_\_\_

If condition does not rapidly improve **OR** if symptoms below are observed, go to **MAJOR ACTION PLAN:**

*(severity of symptoms can rapidly change and symptoms below are considered life threatening)*

#### **SIGNS OF AN ALLERGIC REACTION**

**Systems:**      **Symptoms:** *(circle each item that seems to apply to your child)*

Nose:            sneezing, runny nose, itching

Mouth:         swelling of lips, tongue or mouth, itching

Throat:         sense of tightness or "closing", hoarseness, cough, itching

Skin:            generalized body itching, rash, swelling about face or body

Gut/GI:         nausea, vomiting, abdominal cramps, diarrhea

Lung:           shortness of breath, difficulty breathing, chest tightness, coughing, wheezing, heaviness in chest

Heart:          feeling faint or lightheadedness, dizziness; thread, rapid pulse, rapid respirations, restlessness

#### **Action for MAJOR Allergic Reaction:**

For increasing symptoms give EPI-PEN JR \_\_\_\_\_ EPI-PEN REGULAR \_\_\_\_\_; Auvi-Q(0.3mg)\_\_\_\_\_ Auvi-Q(0.15mg)\_\_\_\_\_; Adrenalick (0.3mg)\_\_\_\_\_ Adrenalick (0.15mg) \_\_\_\_\_

**AND Call 911 (If Epi-pen, Auvi-Q or Adrenalick is administered, 911 Rescue Squad must be called and the used unit must go with the student to the ER.)**

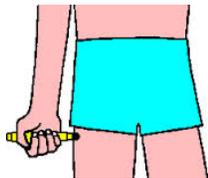
Then call Parents/Guardian (see numbers above)

See other side for additional emergency contacts if parents are unavailable

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Doctor's Signature      Date

| EMERGENCY CONTACTS           | TRAINED STAFF MEMBERS |
|------------------------------|-----------------------|
| 1. Name: _____               | 1. _____ Room: _____  |
| Relation: _____ Phone: _____ |                       |
| 2. Name: _____               | 2. _____ Room: _____  |
| Relation: _____ Phone: _____ |                       |
| 3. Name: _____               | 3. _____ Room: _____  |
| Relation: _____ Phone: _____ |                       |
| 4. Name: _____               |                       |
| Relation: _____ Phone: _____ |                       |

| EPI-PEN AND EPI-PEN JR. DIRECTIONS   | Auvi-Q Directions   |
|--|---|
| 1. Pull off blue safety cap  | 1. Pull the red safety cap  |
|   |  |
| 2. Place orange tip on outer thigh (always apply to thigh)   | 2. Follow verbal instructions   |
|   |   |
| <p>3. Using a quick motion, press hard into 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.</p> |   |