ALLERGY ACTION PLAN

(Use 1 form per child for each allergen)

Student_____School_____ Student Photo

DOB_____Age_____Weight_____Grade/Rm_____

Allergy_____

START DATE_____ END DATE_____

- ☐ Student has Asthma (higher chance of severe reaction)
- ☐ Student has history of Anaphylaxis
- ☐ Student may self-carry Epinephrine (if yes, complete self-carry authorization form)
- ☐ Student may self-administer medication (If student refuses/is unable to treat, an adult must give medication)

RECOGNITION AND TREATMENT OF SYMPTOMS	**Medication**
☐ If student has been exposed to/ingested an allergen but has **NO** symptoms	☐ Epinephrine ☐ Antihistamine
☐ **Mouth**: Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
☐ **Skin**: Hives, itchy rash, redness, swelling of 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, wheezing, repetitive coughing	☐ 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

ADMINISTER MEDICATION

EPINEPHRINE: (Inject Epi, call 911, request rescue squad with epinephrine)

- ☐ **EpiPen (0.3mg)**
- ☐ **Auvi-Q (0.3mg)**
- ☐ **Neffy (2mg)**
- ☐ **Other (0.3mg)** _____
- ☐ **EpiPen Jr (0.15mg)**
- ☐ **Auvi-Q (0.15mg)**
- ☐ **Neffy (1mg)**
- ☐ **Other (0.15mg)** _____

ANTIHISTAMINE: Give _____

OTHER: (E.G., Inhaler/Bronchodilator) _____

***IMPORTANT: During Anaphylaxis, epinephrine is <u>indicated</u>, and asthma inhalers/bronchodilators are <u>unreliable.</u>**

EMERGENCY CONTACTS/RELATIONSHIP	**TELEPHONE NUMBER**
1._____	_____
2._____	_____
3._____	_____

_____ _____

Parent/Guardian Signature **Date** **Physician's Signature** **Date**