

Known Allergies:

The Calverton School
Student Allergy Action Plan 2009-2010
(To be completed and signed by physician)

**Student
Photo
Here**

Student Name: _____ **Grade:** _____ **Date of Birth:** _____

STEP 1: TREATMENT

Asthmatic: Yes* No * Higher risk for severe reaction

Symptoms:

Give Checked Medication:**

**(To be determined by physician authorizing treatment)

- | | | |
|---|--------------------------------------|--|
| If a student has come in contact with allergen, but no symptoms | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Mouth – Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Skin – Hives itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Gut – Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Throat – Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Lung** - Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Heart** - Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| Other** - _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| If reaction is progressing (several of the above areas affect), give | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
- The severity of symptoms can quickly change. **Potentially life threatening.

Dosage:

Epinephrine: inject intramuscularly (check one) Epi Pen Epi Pen Jr. Twinject 0.3mg Twinject 0.15mg

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

- Call 911 (or Rescue Squad: _____). State that an allergic reaction has reaction has been treated, and additional epinephrine may be needed.
- Dr. _____ at _____.
- Emergency Contacts:

	Name/Relationship	Phone numbers
a)	_____	1. _____ 2. _____
b)	_____	1. _____ 2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY.

Physician's Signature

Date of Examination

Parent's Signature

Date