

**Known Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Student Allergy Action Plan 2020-2021

(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

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_.
3. 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*